

Name  
in  
Full

CERTIFICATE OF DEATH

Agustus Russell

Adams

Town

County

MARYLAND

Died at Fishing Creek

Dorchester

Date

1907

Month

Jan

Day

31st

Age

Years

1

Months

6

Days

0

Sex

Male

Color or Race

White

Birth-place

Dorchester Co.

Occupation

Infant

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

J. Agustus Adams

Father's Birthplace

Dorchester Co

Mother's Maiden Name

Alice Parker

Mother's Birthplace

Dorchester Co

Name of person giving information

J. A. Adams

How related to deceased

Father

CAUSES OF DEATH

Primary

Miscellaneous

How long

1 week

Immediate

Broncho Pneumonia

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. H. Honaton M.D.

Fishing Creek

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Robert Theodore Bantles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Lloyd's Town

Worcester County

Date

of death 1907

Month Jan

Day 25

Age

Years 1

Months 1

Days

Sex

Male

Color or  
Race

Negro

Birth-  
place

Lloyd's Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Charles Bantles

Father's  
Birthplace

Md

Mother's  
Maiden Name

Laura Stanley

Mother's  
Birthplace

Md

Name of person giving  
Information

C. Bantles

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pertussis

How long

Immediate

Broncho-pneumonia complications

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

S. A. Stokes

Address

Cambridge

Rt 6 #5

Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Harry Earl Blade

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>anchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>27</i>	Age <i>2</i>	Years <i>4</i>	Months <i>5</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Cambridge md</i>	
Occupation <i>Boy</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>H Elmer Blades</i>			Father's Birthplace <i>Del.</i>		
Mother's Maiden Name <i>Angie Hughes</i>			Mother's Birthplace <i>Or. Co Md.</i>		
Name of person giving information <i>Angie Blades</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

Primary <i>undisclosed former rate</i>	How long <i>150</i>	<i>Congenital</i>
Immediate <i>Pulmonary tuberculosis</i>	How long <i>12 hours</i>	

Are the name, age, sex, color, date and place correctly given above?

*Yes*

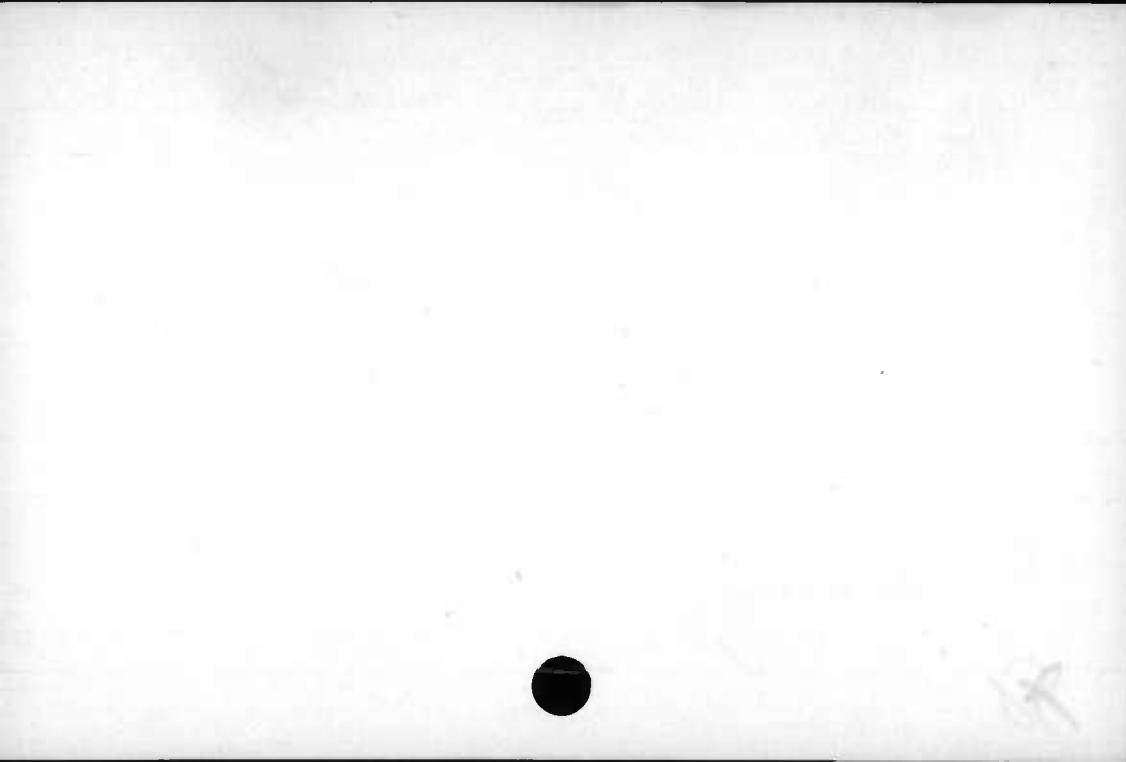
Signature of Physician

*Harry Stule*

Address

*Cambridge md.*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

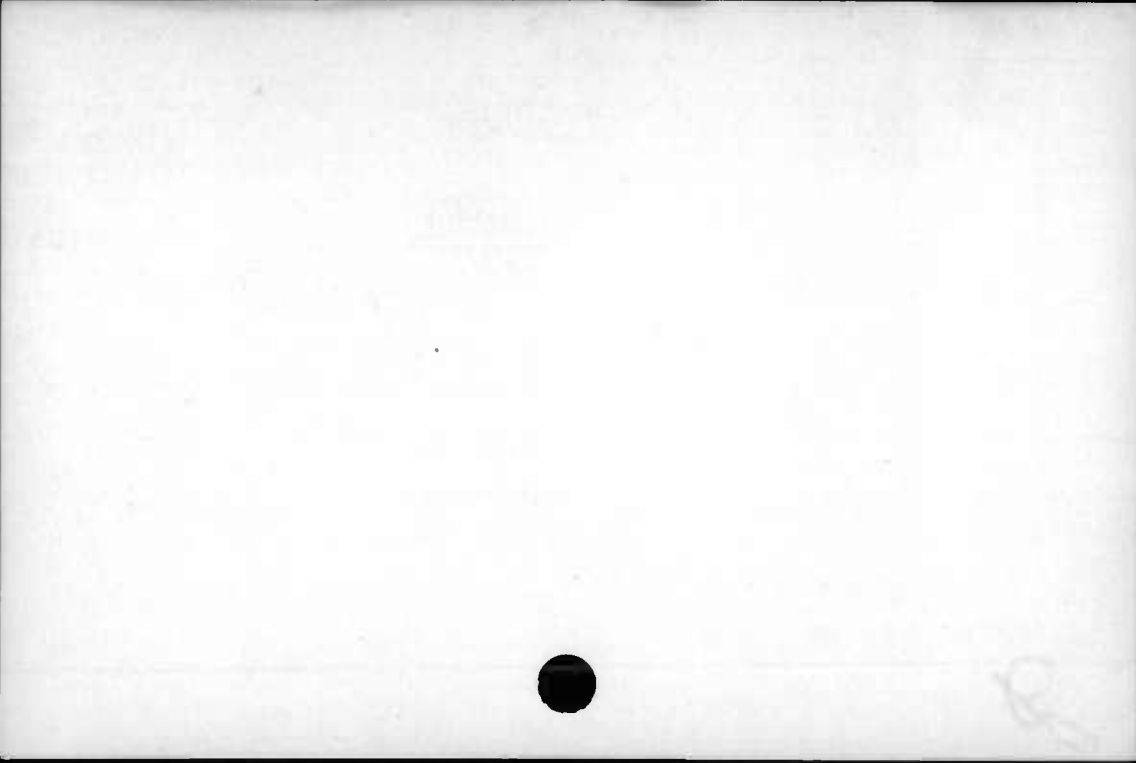
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Chas. Bowley</i>		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Taylor's Island</i>		Month <i>Jan.</i>		Day <i>12</i>		Age <i>92</i>	
Date of death <i>1907</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie M. Bowley</i>					
Father's Name <i>Paul Bowley</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Mrs. Wilson</i>		How related to deceased <i>friend</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Stricture due to Enlarged Prostate</i>		How long <i>18 mo.</i>	
Immediate <i>Rupture of Bladder Peritonitis</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jo. B. Shriver Jr.</i>	
		Address <i>Taylor's Island Md.</i>	
Accident or Suicide? <i>—</i>			





Name

In Full

## CERTIFICATE OF DEATH

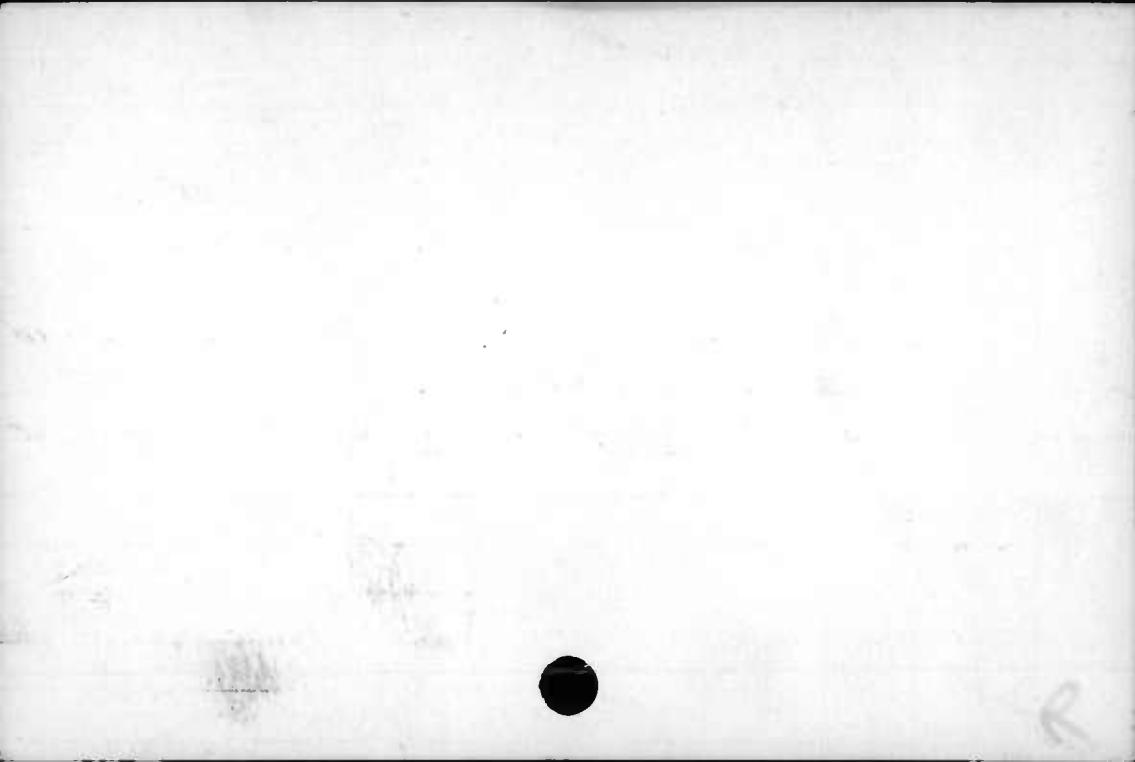
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bishop's Head</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>24</i>	Age <i>13</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bishop's Head</i>		
Occupation <i>Boy</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Hardy Bramble</i>		Father's Birthplace <i>Bishop's Head</i>		Mother's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Jessie Bramble</i>		How related to deceased <i>—</i>		Name of person giving information <i>Father Hardy Bramble</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Short stroke</i>	How long <i>3 days</i>
Immediate <i>Unknown</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. Jones</i>
Address <i>Bishop's Head</i>	Accident or Suicide? <i>—</i>



Name  
in  
Full

Stephen H. Brown

CERTIFICATE OF DEATH

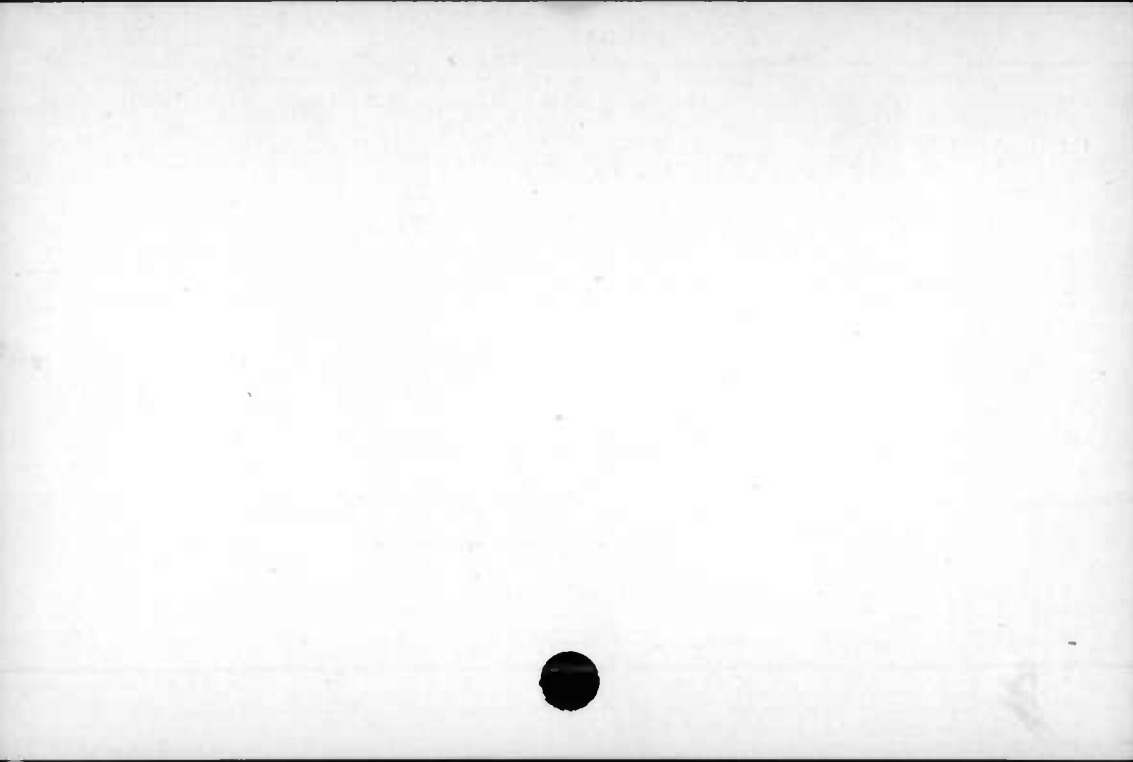
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Madison</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>1</u>	Day <u>15</u>	Age <u>46</u>	Years <u>46</u>	Months <u>-</u> Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>ind.</u>			
Occupation <u>Soldier</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>not known</u>				
Father's Name <u>not known</u>	Father's Birthplace <u>not known</u>				
Mother's Maiden Name <u>not known</u>	Mother's Birthplace <u>not known</u>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	<u>93</u>	How long <u>9 days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. S. Smith M.D.</u>	Address <u>Madison ind.</u>
Accident or Suicide?		



Name  
in  
Full

Niolet Elizabeth Calder

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

Month

Day

Years

Months

Days

of death

1907 Jan

26th

Age

\_\_\_\_\_

3 mos

3

Sex

Female

Color or  
Race

Colored

Birth-  
place

Cambridge

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Wm Barry Calder

Father's  
Birthplace

Dorchester Co

Mother's  
Maiden Name

Ruth Slater

Mother's  
Birthplace

" "

Name of person giving  
In formation

Ruth Calder

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Acute Gastritis

How long

2 mos

Immediate

Anemia

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

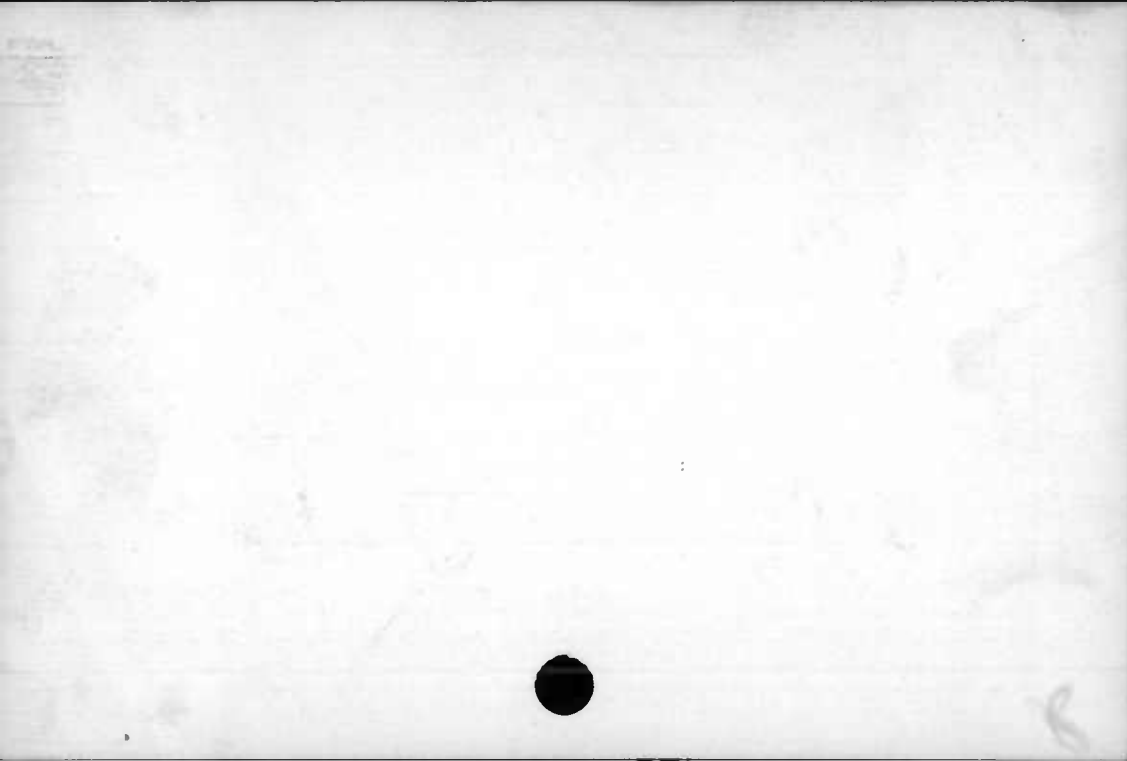
104

Exter P. Reynolds M.D.

Cambridge, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Levin R Campen

## CERTIFICATE OF DEATH

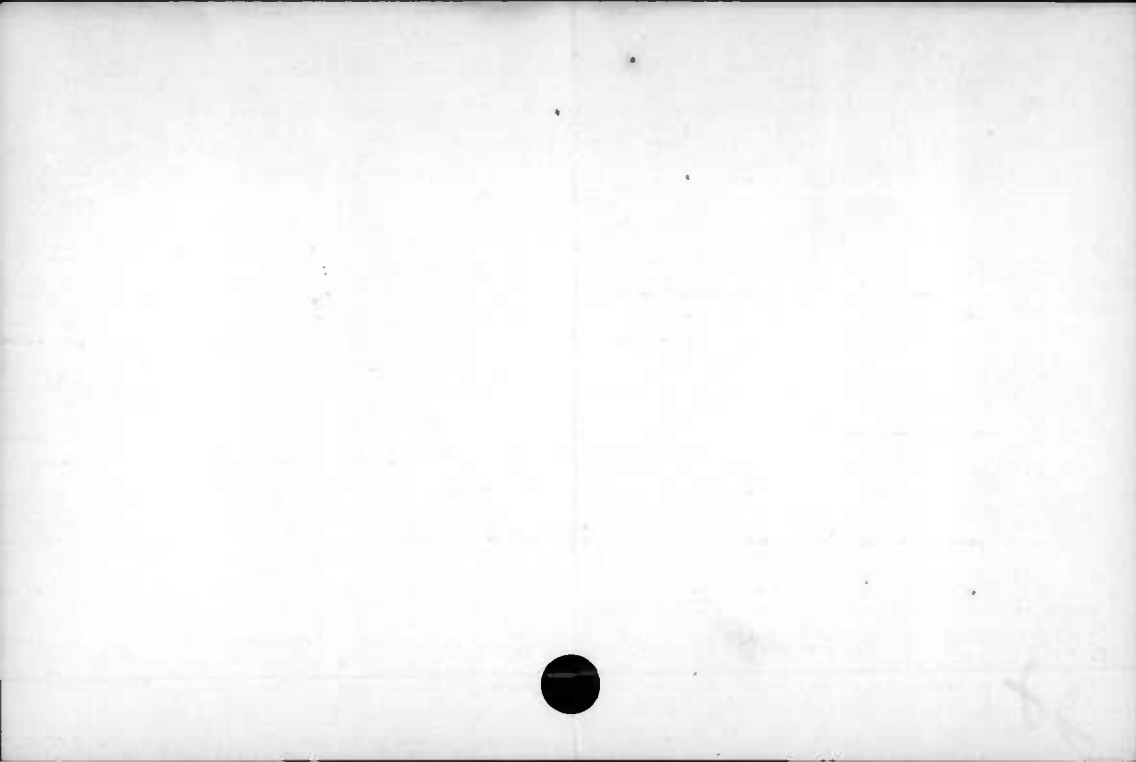
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Drawbridge</i>		Town <i>Draw</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>16</i>	Years <i>Age</i>	<i>abt 27</i>		Months	Days
Sex <i>man</i>	Color or Race <i>Blk</i>		Birth-place <i>Co</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Bastard</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Campen</i>			Mother's Birthplace <i>Co</i>				
Name of person giving information <i>General information</i>			How related to deceased <i>—</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. B. Broome</i>
<i>J</i>	Address <i>Yuma</i>
	<i>Ind</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

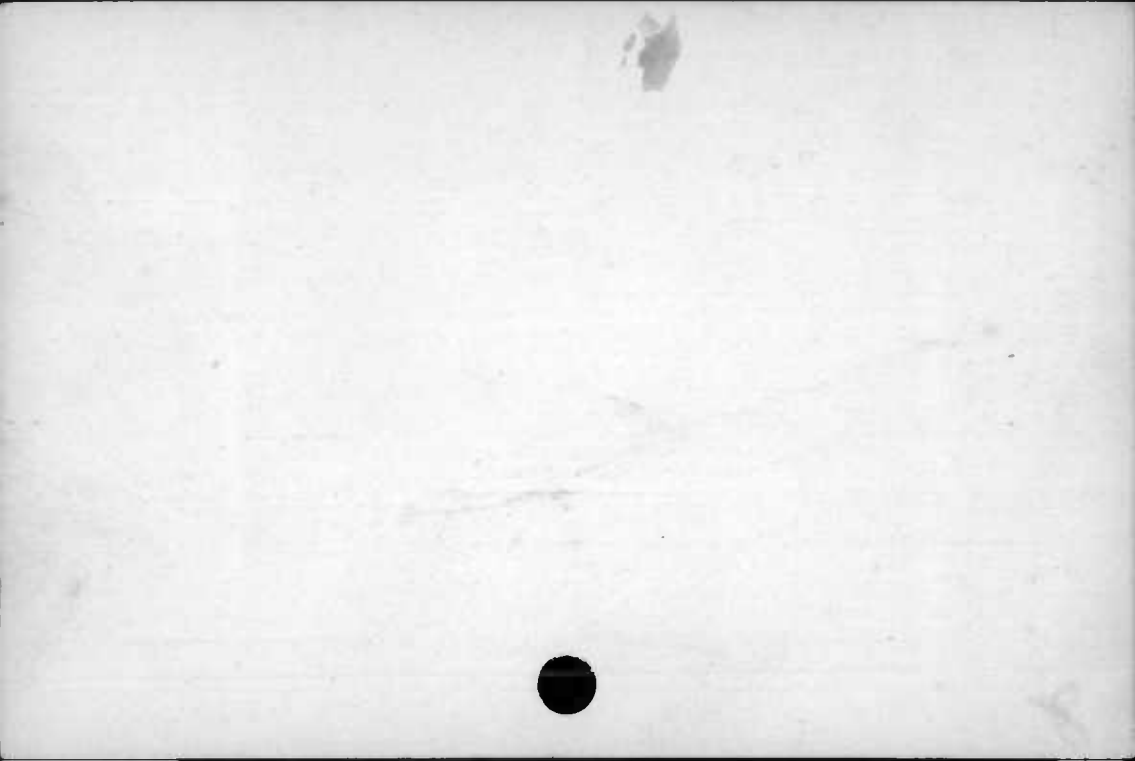
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Rada Camper</b>		Town <b>East New Market</b>		County <b>Dorchester</b>		MARYLAND	
Died at		Month <b>1</b>		Day <b>14</b>		Years <b>2</b>	
Date of death <b>1907</b>						Months	
Sex <b>Female</b>		Color or Race <b>colored</b>		Birth-place <b>Dorchester</b>		Days	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <b>Robert E. Camper</b>		Father's Birthplace <b>Dorchester</b>					
Mother's Maiden Name <b>Millie Jones</b>		Mother's Birthplace					
Name of person giving information <b>Robert E. Camper</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Hooves</b>	How long	<b>14<sup>5</sup></b>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>None</b>	
		Address	
Accident or Suicide?		<b>Wm L. Abdell Jr.</b>	



Name  
in  
Full

Car-

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cameronville		County Barchester		MARYLAND	
Date of death	1907	Month Jan	Day 14	Age	Years	Months	Days
Sex	male		Color or Race	negro		Birth- place	Bar. Co
Occupation	infant			Where Residing if not at place of death		-	
Married, Single or Widowed	Single		Name of Wife or Husband	none			
Father's Name	John Carr.					Father's Birthplace	Bar. Co Md
Mother's Maiden Name	Agnes Wilson					Mother's Birthplace	" "
Name of person giving In formation	B. H. Walker					How related to deceased	uncle

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis	How long	unknown
Immediate	Barchester	How long	unknown
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. A. Stokes
		Address	Rt 6 # 5 Cambridge Md
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

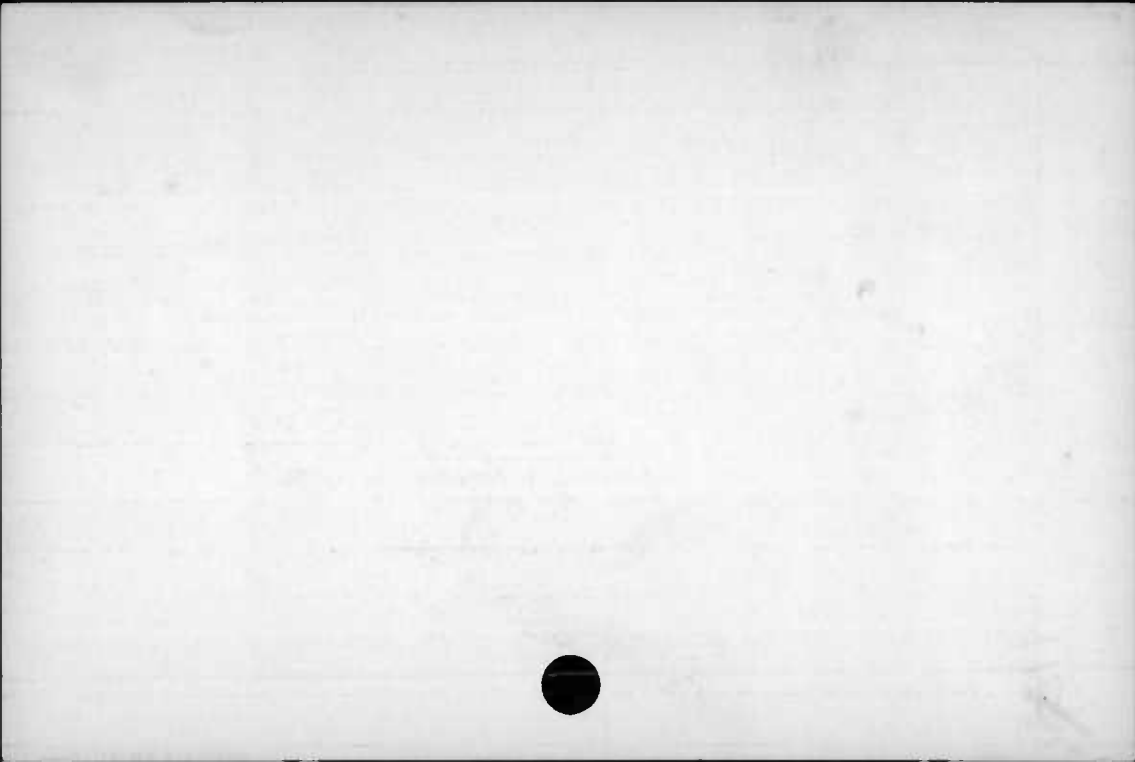
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>	
Date of death 190 <u>7</u>	Month <u>Jan</u>	Day <u>3</u>	Age <u>82</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Ind</u>	Months <u>    </u> Days <u>    </u>
Married, Single or Widowed <u>Single</u>		Occupation <u>retired</u>	
Name of Wife or Husband <u>    </u>			
Father's Name <u>dont know</u>		Father's Birthplace <u>dont know</u>	
Mother's Maiden Name <u>dont know</u>		Mother's Birthplace <u>dont know</u>	
Name of person giving information <u>S &amp; E Leconte</u>		How related to deceased <u>Friend</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>dont know</u>	How long <u>dont know</u>
Immediate	<u>dont know</u>	How long <u>dont know</u>
Are the name, age, sex, color, date and place correctly given above?	<u>dont know</u>	Signature of Physician <u>John Wace</u>
		Address <u>Cambridge Ind</u>
Accident or Suicide?	<u>neither</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

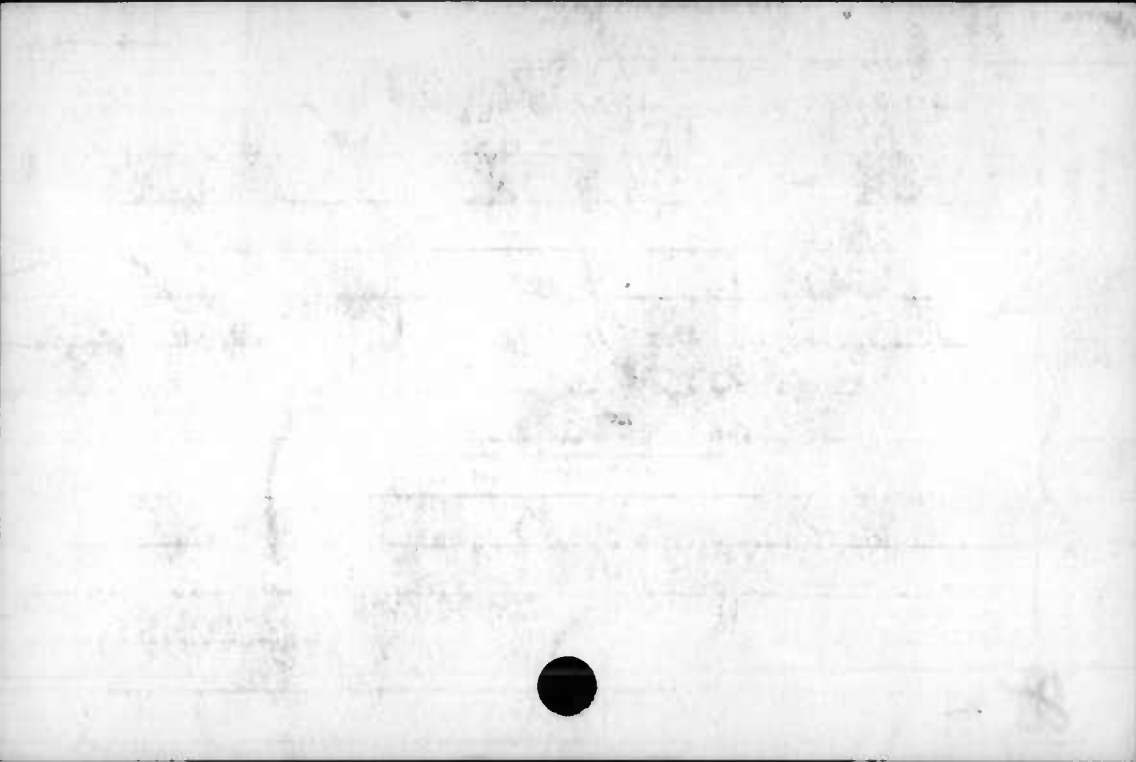
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan.</i>	Day <i>22</i>	Years <i>27</i>	Months <i>0</i>	Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>Cambridge</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>William Cooper (Deceased)</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Linda Carroll</i>	Mother's Birthplace <i>id</i>				
Name of person giving information <i>Linda Kennard</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis.</i>	How long <i>Don't know</i>
Immediate <i>Heart Failure.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E E Wolff</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide? <i>g</i>	





Name  
in  
Full

Arthur W. Nail

## CERTIFICATE OF DEATH

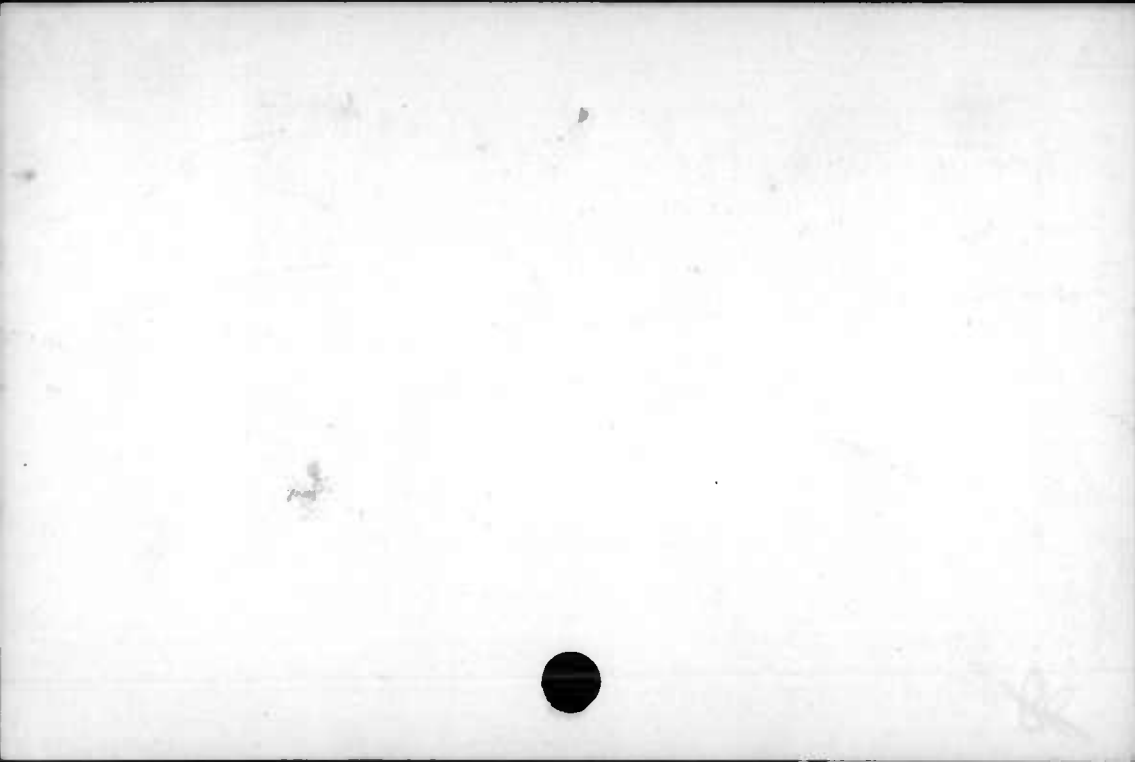
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1907	Month	1	Day	2
Age	2	Years	2	Months	3
Sex	Male	Color or Race	white	Birth-place	Cambridge
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Geo. W. Nail			Father's Birthplace	Dr. Co. Md
Mother's Maiden Name	Ida Abbott			Mother's Birthplace	Dr. Co. Md
Name of person giving information	Geo. W. Nail			How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Subn Pneumonia	How long	8 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. Steel
		Address	Cambridge Md -
Accident or Suicide?			



Name  
in  
Full

Richard Dean

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Golden Hill</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>June</u> <sup>Day</sup> <u>12</u> <sup>Years</sup> <u>26</u>		Age <u>26</u>		Months	Days
Sex <u>Male</u>		Color or Race <u>Negro</u>		Birth-place <u>md</u>	
Occupation <u>Assturn</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Wmish Dean</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Francis Thomas</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>Walter Dean</u>		How related to deceased <u>brother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis of Lungs</u>	How long	<u>five years</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>B. A. Jones</u>	
		Address <u>Dorchester, md</u>	
Accident or Suicide?			



Name  
in  
Full

Virginia M Demmerd

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East New Market</i> <sup>Town</sup> <i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>8</i>	Age <i>7</i> Years <i>20</i> Months <i>7</i> Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Dorchester</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Richard M Demmerd</i>	Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Mary Cephus</i>	Mother's Birthplace <i>Dorchester</i>		
Name of person giving information <i>Richard M Demmerd</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i> <i>10 days</i>
Immediate <i>Cardiac Failure</i>	<i>How long</i>

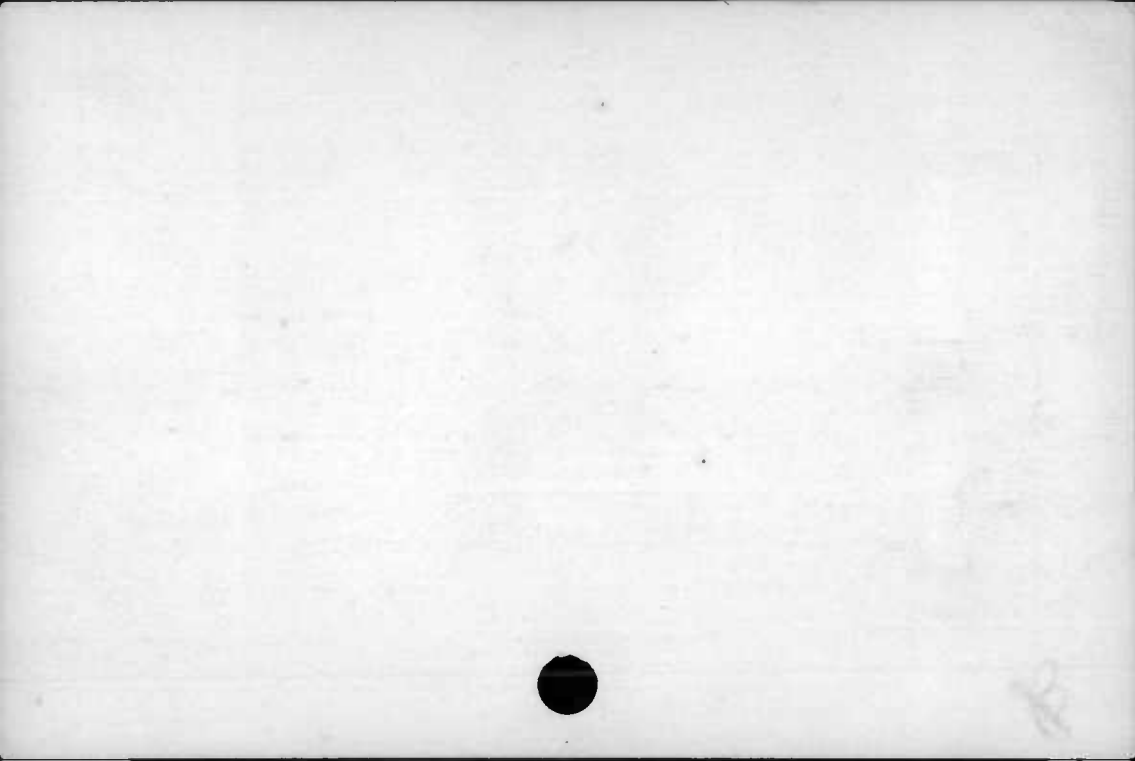
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Edward L Jones**East New Market Md*

Accident or Suicide?



Name  
in  
Full

William J Elliott

## CERTIFICATE OF DEATH

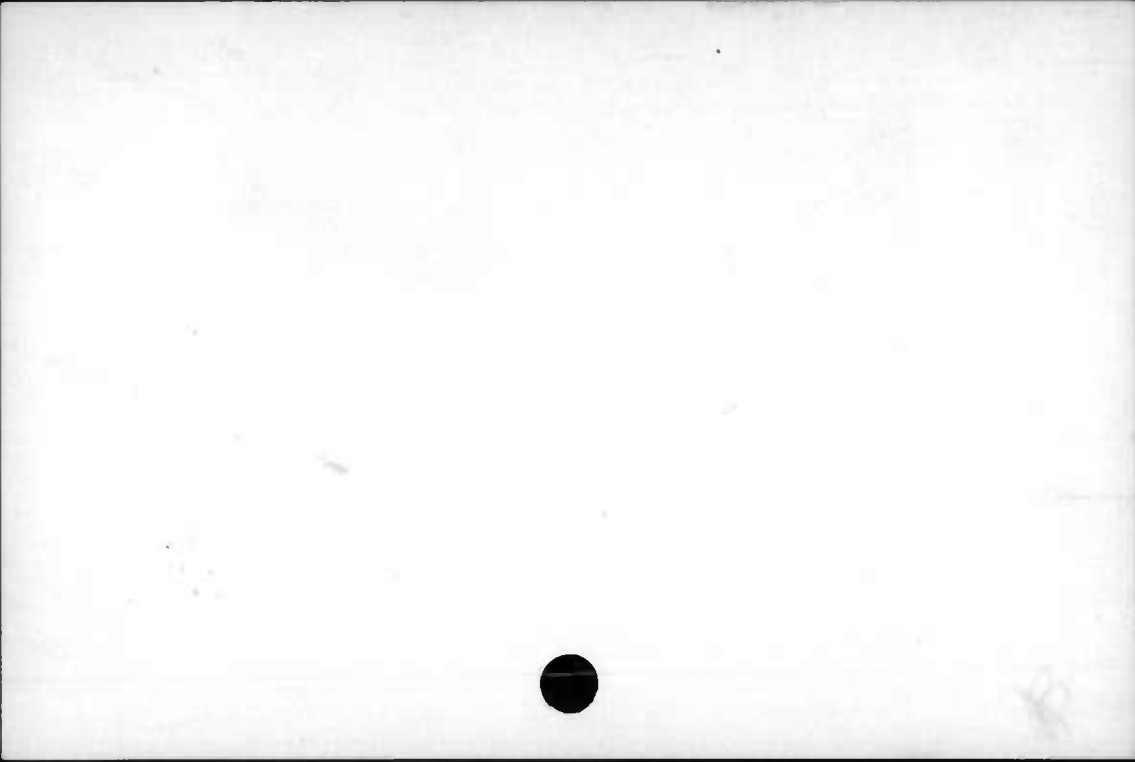
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambodge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Jan</u> <small>Month</small>	<u>26</u> <small>Day</small>	Age <u>54</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Hoop Island</u>		
Occupation <u>Oysterman</u>	Where Residing if not at place of death <u>Cambodge Ma</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Bettie Winslow</u>				
Father's Name <u>Matthew Elliott</u>	Father's Birthplace <u>Hoop Island</u>				
Mother's Maiden Name <u>Bettie Winslow</u>	Mother's Birthplace <u>Hoop Island</u>				
Name of person giving information <u>Bettie Winslow</u>	How related to deceased <u>Wife</u>				


## CAUSES OF DEATH

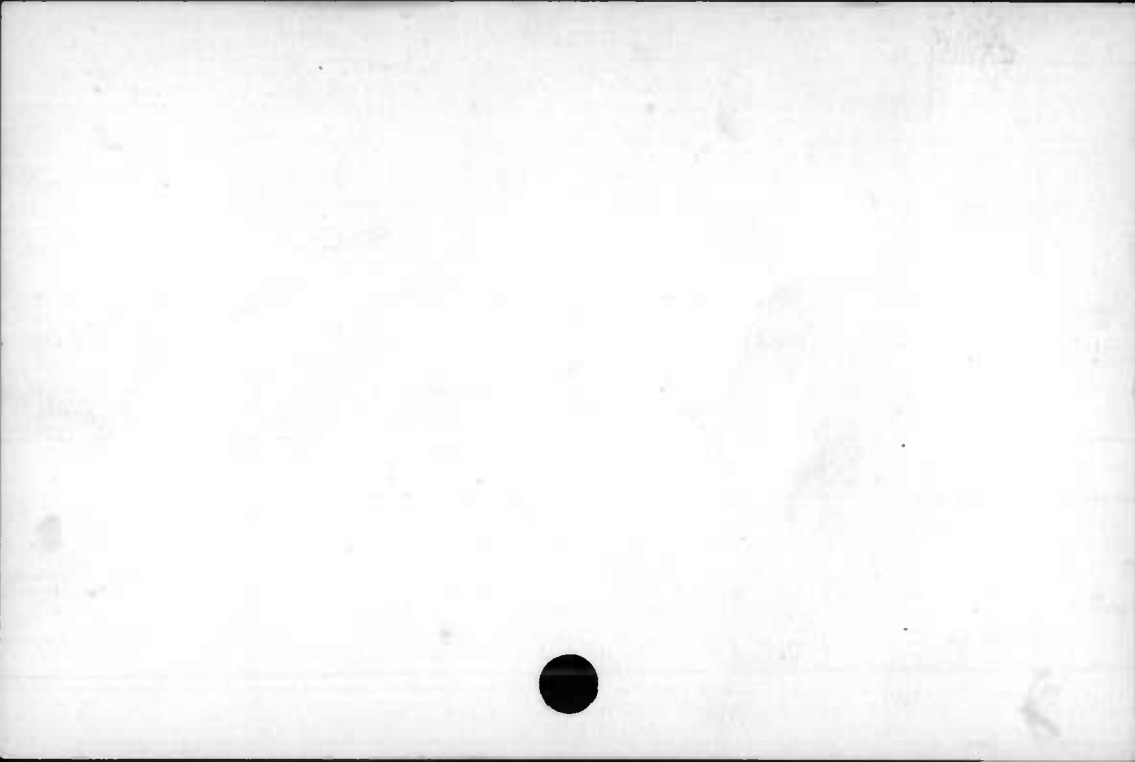
PHYSICIAN  
OR CORONER

Primary <u>Pleuro Pneumonia</u>	How long <u>13 day</u>
Immediate <u>Aspiration</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Martin W. Goldsby</u>
	Address <u>Cambodge Md.</u>
Accident or Suicide? <u>8</u>	





Name in Full <b>Robert Ferrara</b>		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>July 19 Cambridge</b> Town <b>Dorchester</b> County	MARYLAND		
	Date of death <b>1907 June 19</b> Month <b>June</b> Day <b>19</b> Years <b>63</b>	Months <b>—</b>	Days <b>—</b>	
	Sex <b>male</b>	Color or Race <b>Colored</b>	Birth-place <b>Dorchester</b>	
	Occupation <b>Laborer</b>	Where Residing if not at place of death <b>Cambridge</b>		
	Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Sallie Ferrara</b>		
	Father's Name <b>Moses Ferrara</b>	Father's Birthplace <b>Dorchester</b>		
	Mother's Maiden Name <b>Kizzy</b>	Mother's Birthplace <b>Dorchester</b>		
Name of person giving information <b>Sallie Ferrara</b>	How related to deceased <b>wife</b>			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <b>Paralysis</b>	How long <b>Some months</b>		
	Immediate <b>E. Lauder</b>	How long <b>Some days</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Dr. G. A. Borroughs</b>	
	Accident or Suicide? <b>J</b>		Address <b>Cambridge, Ma</b>	



Name  
in  
Full

Boulah M. Fitzhugh

CERTIFICATE OF DEATH

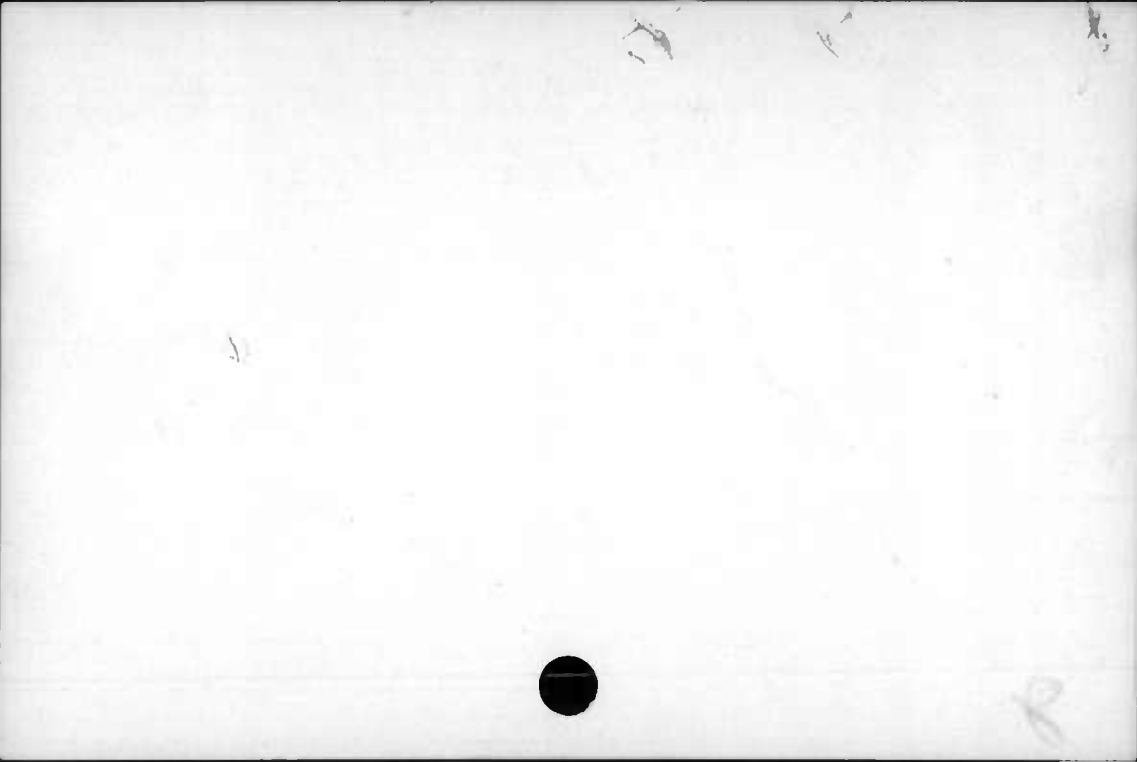
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1907	Month Jan	Day 27	Age 17	Months 11	Days 23
Sex Female		Color or Race White		Birth-place Maryland			
Occupation Seamstress		Where Residing if not at place of death Cambridge Md					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Levin G. Fitzhugh		Father's Birthplace Maryland					
Mother's Maiden Name Lora Barmyell		Mother's Birthplace					
Name of person giving information Milton E. Fitzhugh		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis	How long	Not exactly known
Immediate	Abscess of Brain	How long	Not exactly known
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Edw Wolff	
		Address Cambridge Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

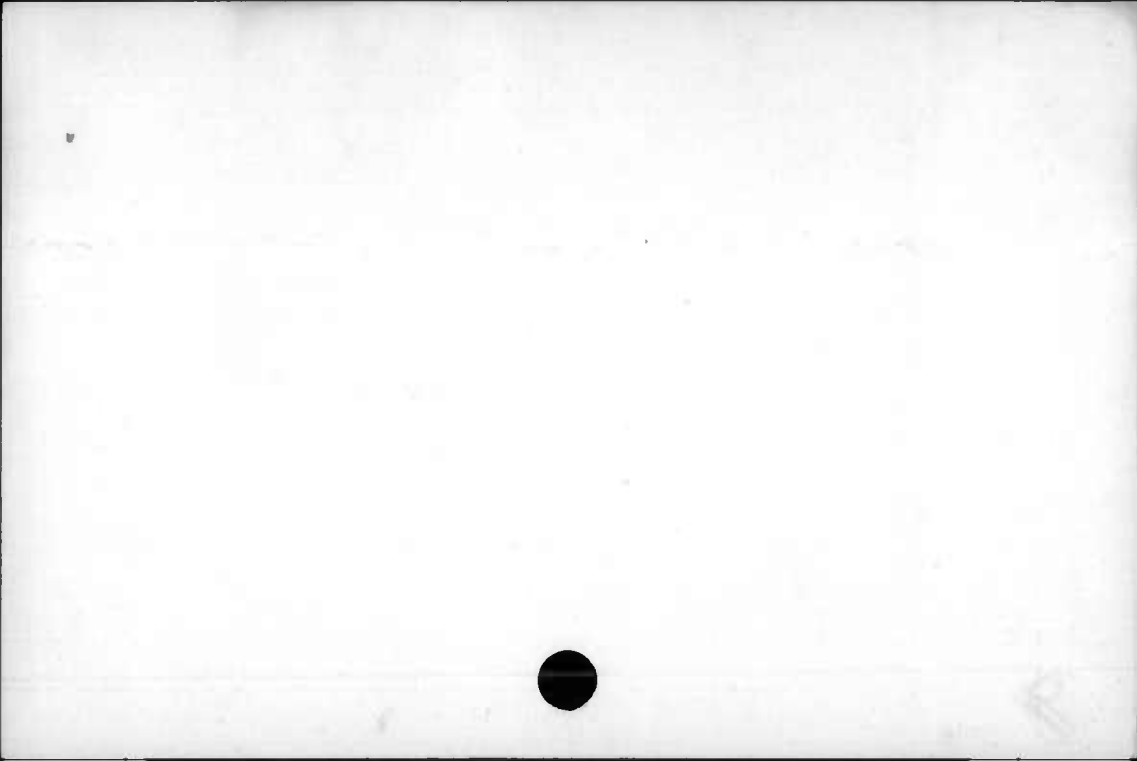
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Huslock</i> Town <i>Palmerston</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>25</i>	Years <i>45</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>	Months <i>-</i> Days <i>-</i>
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lizzy Smith</i>		
Father's Name <i>-</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>-</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>R. G. Hastings</i>	How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>10</i>
Immediate <i>Pneumonia</i>	How long <i>weak</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. J. Maguire</i>
	Address <i>Huslock Md</i>
8 Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

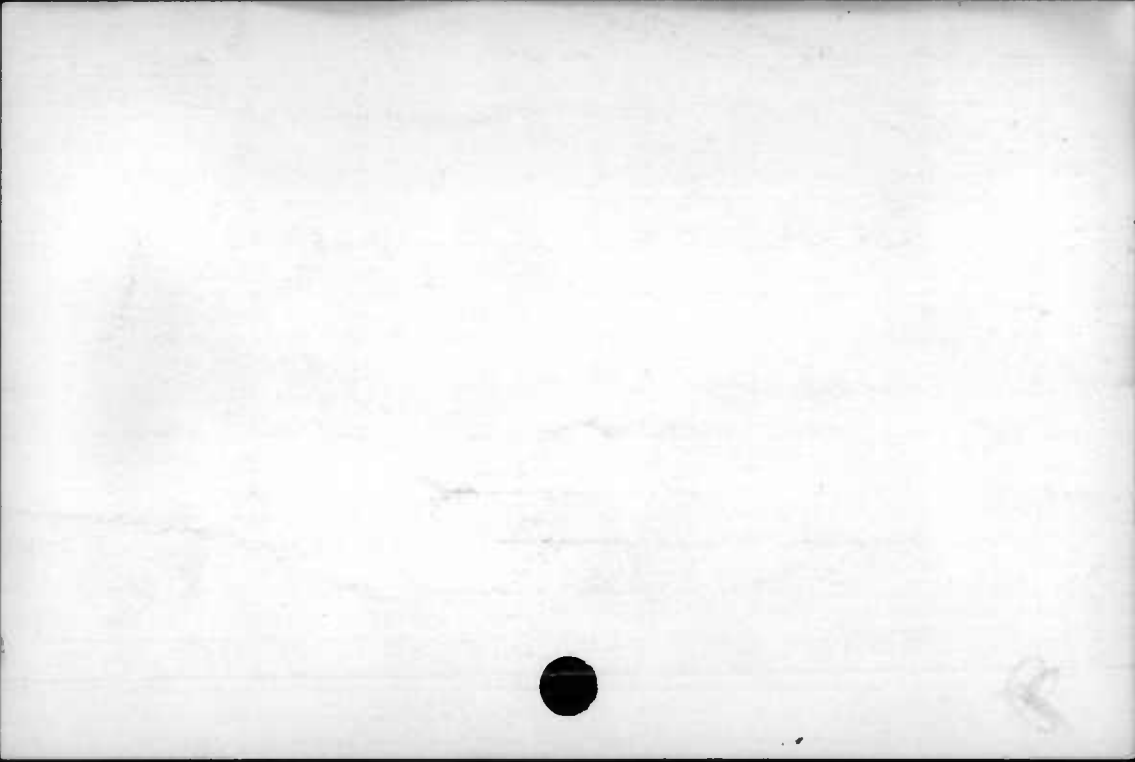
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Addie Henson</i>		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>Jan.</i>		Day <i>1</i>		Years <i>44</i>	
Date of death		<i>1907</i>		Age <i>44</i>		Months <i>2</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jm Henson</i>					
Father's Name <i>Daniel Keene</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Amelia Camper</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Rob. H Henson</i>		How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Puerperal Septicaemia</i>	How long <i>10 days</i>
Immediate	<i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. B. Shriver Jr.</i>
		Address <i>Taylor's Island</i> <i>Md</i>
Accident or Suicide? <i>—</i>		





Name  
in  
Full

Sarah B Jackson

## CERTIFICATE OF DEATH

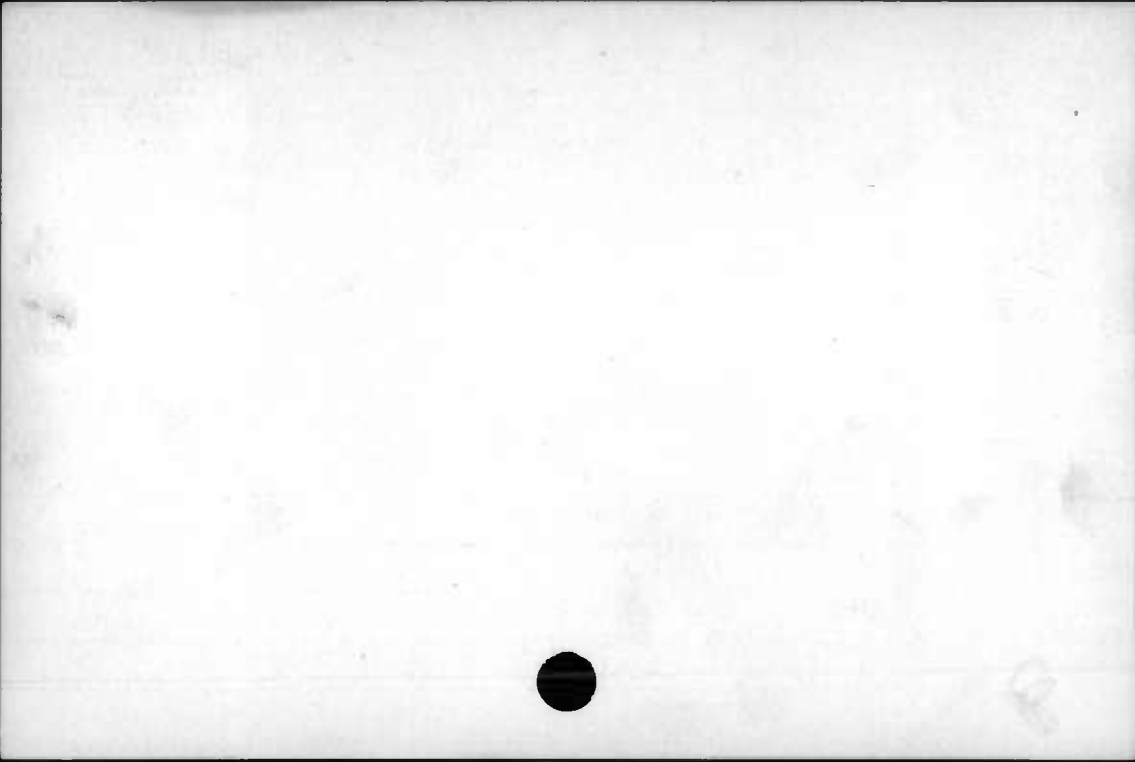
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Cambridge		Dorchester					
Date of death	1907	Month	Jan	Day	4	Age	3
						Years	8
						Months	21
						Days	
Sex	female	Color or Race	Black	Birth-place	Cambridge		
Occupation	Child	Where Residing if not at place of death		Cambridge Md			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Isaac Jackson		Father's Birthplace		Cambridge	
Mother's Maiden Name		Jane Jackson		Mother's Birthplace		Cambridge	
Name of person giving information		Father		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis Bone	How long	Don't know
Immediate	Exhaustion	How long	Don't know as have not
Are the name, age, sex, color, date and place correctly given above?		new child for 6 or 8 months	
yes		Signature of Physician	
		E. Walz	
		Address	
		Cambridge, Md.	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

*Nellie Marie Garrett*

Town

County

MARYLAND

Died at

*Wingate*

*Dorchester*

Date

Month

Day

Years

Months

Days

of death *1907*

*Jan*

*7*

Age

*1*

*8*

*18*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Ind*

Occupation

*None*

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Wm R. Garrett*

Father's  
Birthplace

*Ind*

Mother's  
Maiden Name

*Rebecca H. Wingate*

Mother's  
Birthplace

*Ind*

Name of person giving  
In formation

*Wm R. Garrett*

How related  
to deceased

*Father*

CAUSES OF DEATH

Primary

*Measles*

How long

*one week*

Immediate

*Pneumonia*

How long

*3 days*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*E. A. Jones*

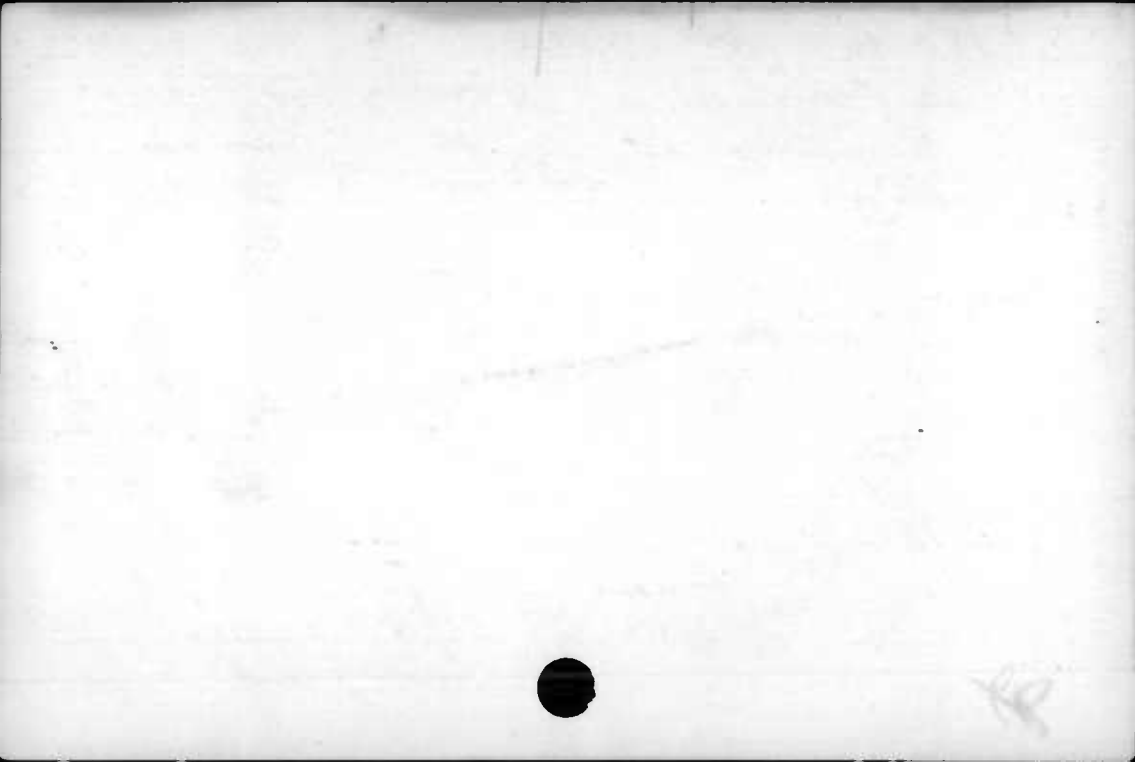
Address

*Dorchester Ind*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Walter Jenkins

## CERTIFICATE OF DEATH

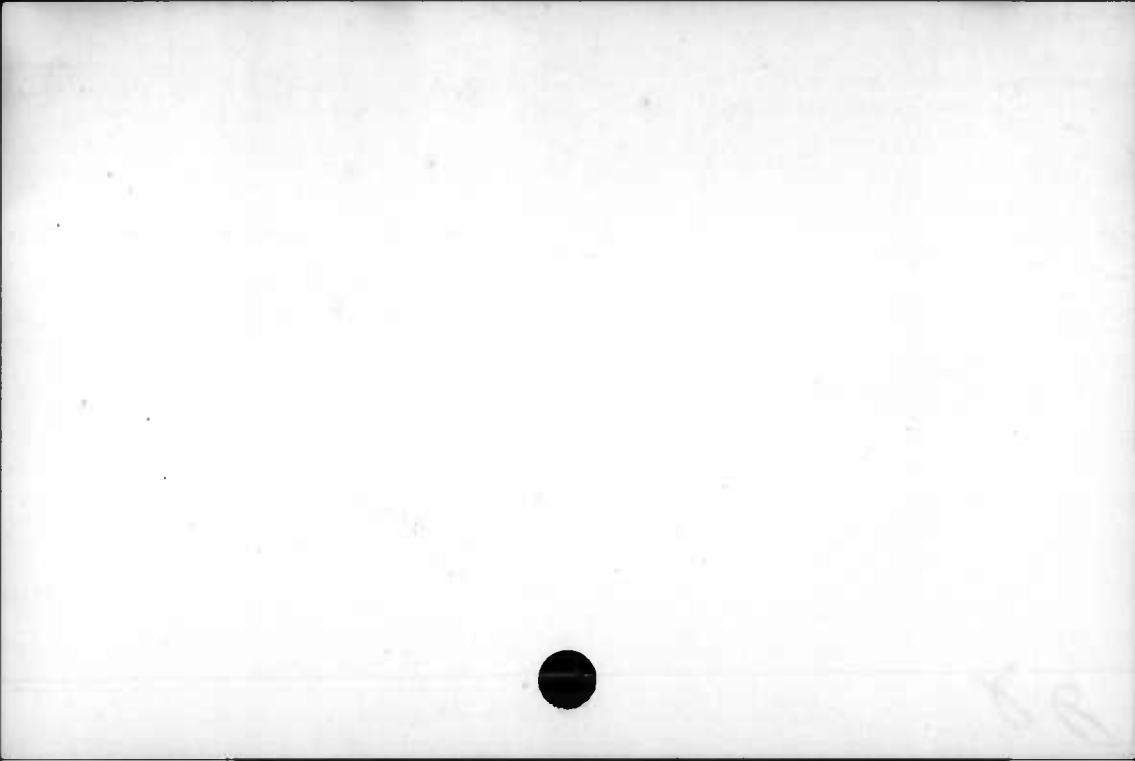
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hurlock</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		<i>7 Jan</i>	<i>15</i>	<i>20</i>	<i>—</i>	<i>—</i>	
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>colored</i>		<i>Maryland</i>			
Occupation				Where Residing if not at place of death			
<i>Laborer</i>							
<del>Married, Single or Widowed</del>		Name of <del>Wife or</del> Husband					
<i>Single</i>							
Father's Name				Father's Birthplace			
<i>James Jenkins</i>				<i>Maryland</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Cassie Lake</i>				<i>Maryland</i>			
Name of person giving information				How related to deceased			
<i>James Jenkins</i>				<i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>9 days</i>
Immediate	<i>yes</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. F. Maguire</i>	
		Address	
		<i>Hurlock Md</i>	
Accident or Suicide?			
<i>J</i>			



Name

in  
Full

## CERTIFICATE OF DEATH

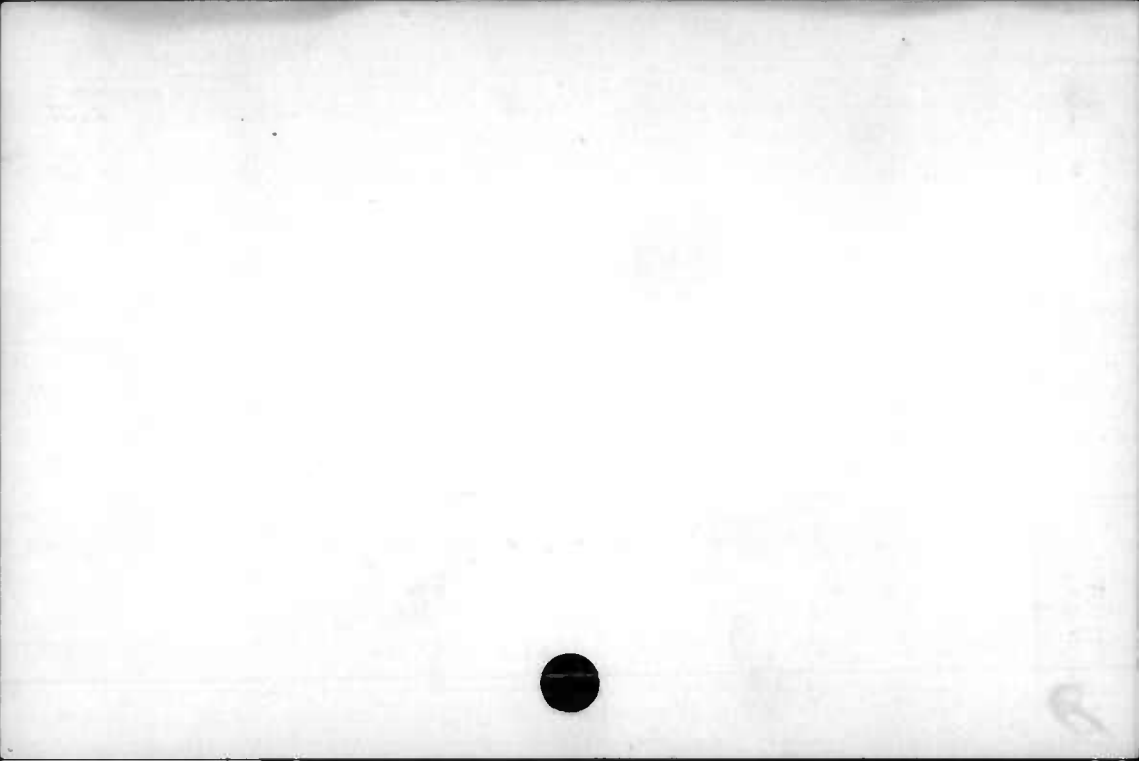
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan'y</i>	Day <i>25<sup>th</sup></i>	Years <i>30</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Dorchester Co</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death		<i>11</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bertha Jew</i>				
Father's Name <i>John Jew</i>	Father's Birthplace <i>Dorchester Co</i>				
Mother's Maiden Name <i>Ann Maria Wetherly</i>	Mother's Birthplace <i>Wicomico Co</i>				
Name of person giving information <i>Adam Jew</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>about 3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>Don't know</i>	Signature of Physician <i>John Mace MD</i>
	Address <i>Cambridge Md</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

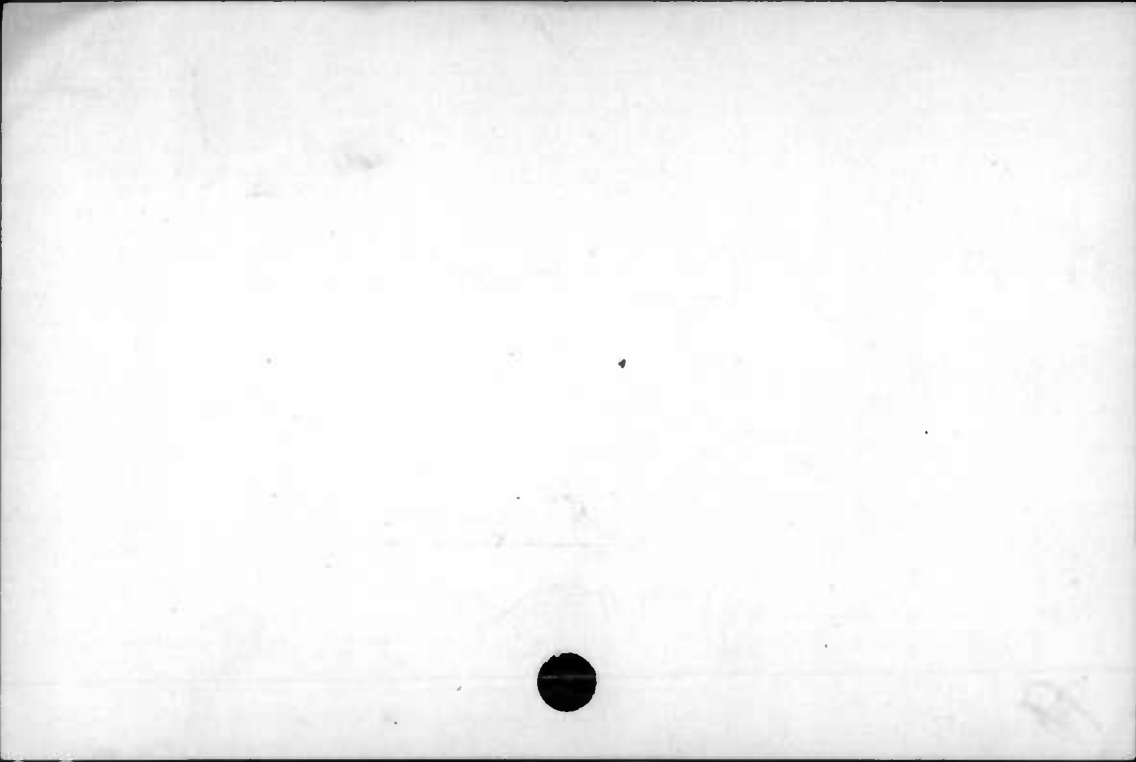
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>14</u>	Age <u>      </u> Years	Months <u>4</u>	Days <u>      </u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Dorchester</u>		
Occupation <u>Child</u>			Where Residing if not at place of death <u>      </u>		
Married, Single or Widowed <u>      </u>			Name of Wife or Husband <u>      </u>		
Father's Name <u>John W Berry</u>			Father's Birthplace <u>Cambridge</u>		
Mother's Maiden Name <u>Annie Johnson</u>			Mother's Birthplace <u>Cambridge</u>		
Name of person giving information <u>John W Berry</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Measels &amp; Pneumonia</u>	How long <u>This is from the</u>
Immediate <u>Heart Failure</u>	How long <u>lasting as I did</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E E Wolff</u>
	Address <u>Cambridge, Md</u>
Accident or Suicide? <u>      </u>	



Name  
in  
Full

CERTIFICATE OF DEATH

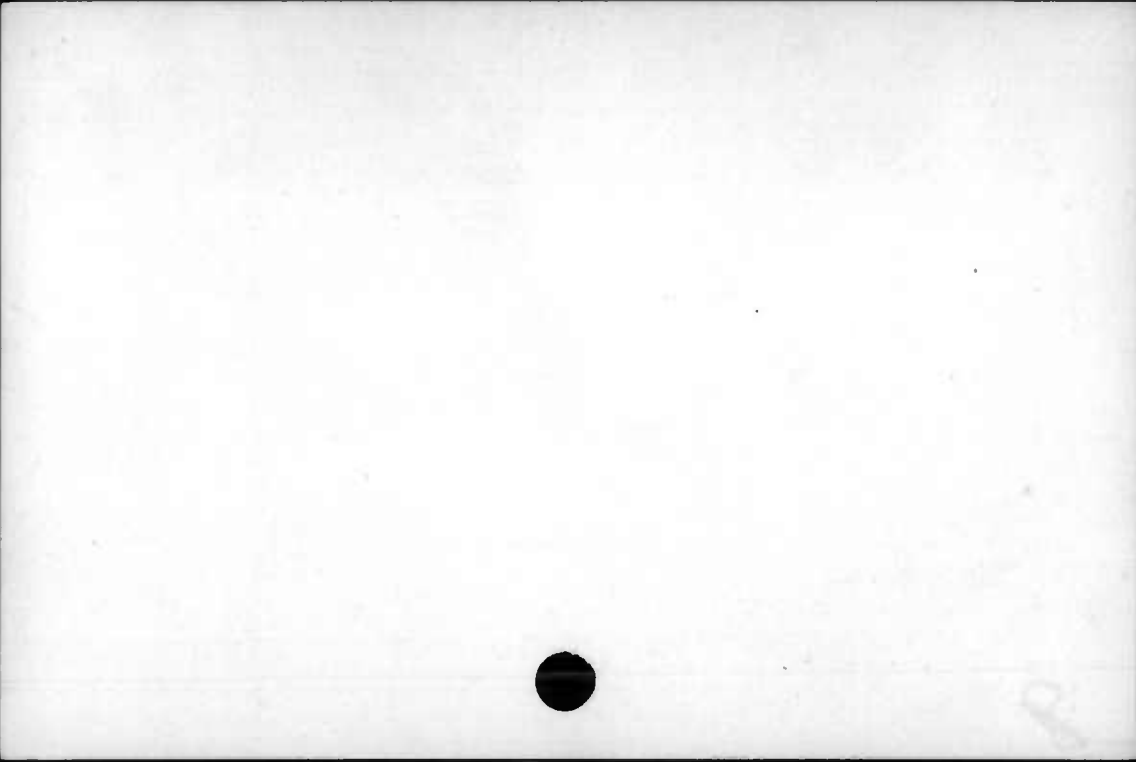
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small> <i>Jan</i> <small>Day</small> <i>16</i>		Age <i>53</i> <small>Years</small>		<i>Plush Town</i> <small>Months</small> <i>Cambridge</i> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cambridge</i>	
Occupation <i>Painter</i>		Where Residing if not at place of death <i>Cambridge</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Woodall</i>			
Father's Name <i>John S Kirby</i>		Father's Birthplace <i>Worcester</i>			
Mother's Maiden Name <i>Mary Jones</i>		Mother's Birthplace <i>Worcester</i>			
Name of person giving information <i>Brother</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>hypertension</i>	How long <i>16 weeks</i>
Immediate <i>uraemia</i>	How long <i>Some days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. M. G. L. L. L. L.</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Thomas M L Lee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cordtown<sup>County</sup> Worcester Co

Date

of death 1907

Month

Jan

Day

24

Age

Years

5

Months

Days

Sex

male

Color or  
Race

Black

Birth-  
place

Cordtown Md

Occupation

Child

Where Residing if not  
at place of death

Cordtown Md

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John R Lee

Father's  
Birthplace

Arcys Md

Mother's  
Maiden Name

Bora Lee

Mother's  
Birthplace

Blackwater

Name of person giving  
Information

John R Lee

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Measles &amp; Pneumonia (secondary)

How long

~~did not die child,~~  
but this is from the history  
How long by the parents -

Immediate

Heart Failure

Are the name, age, sex, color, date  
and place correctly given above?

yes

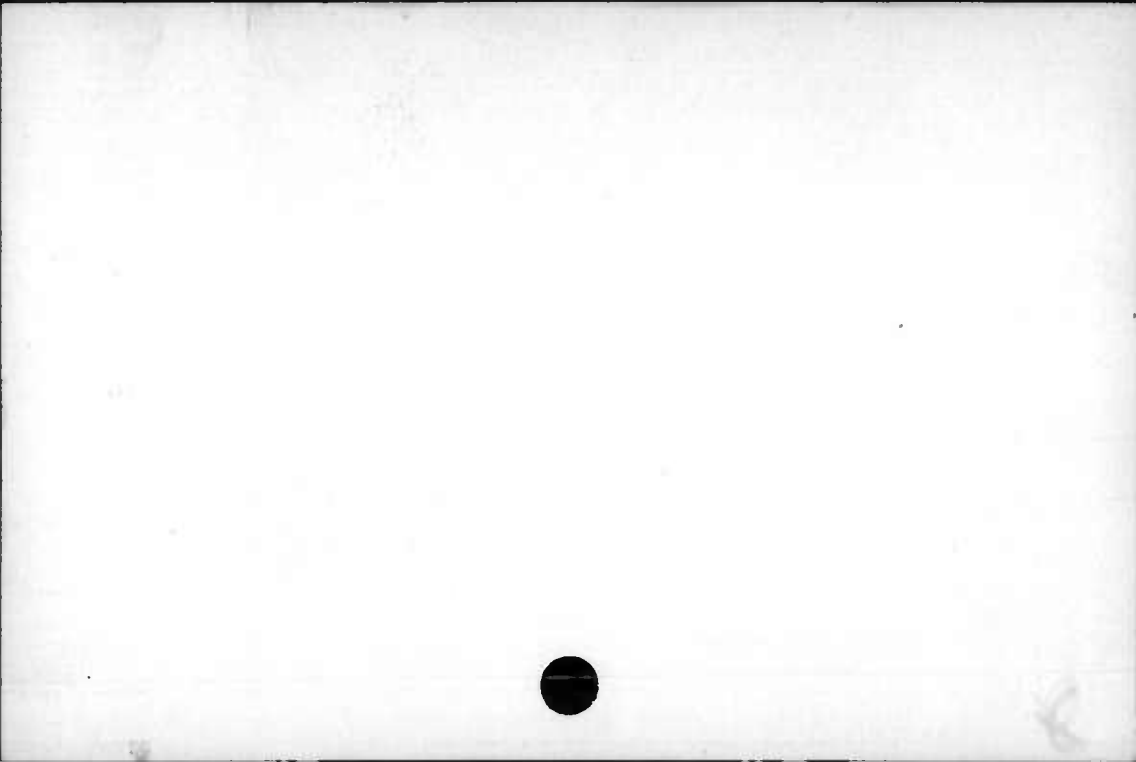
Signature of  
Physician

E E Waloff

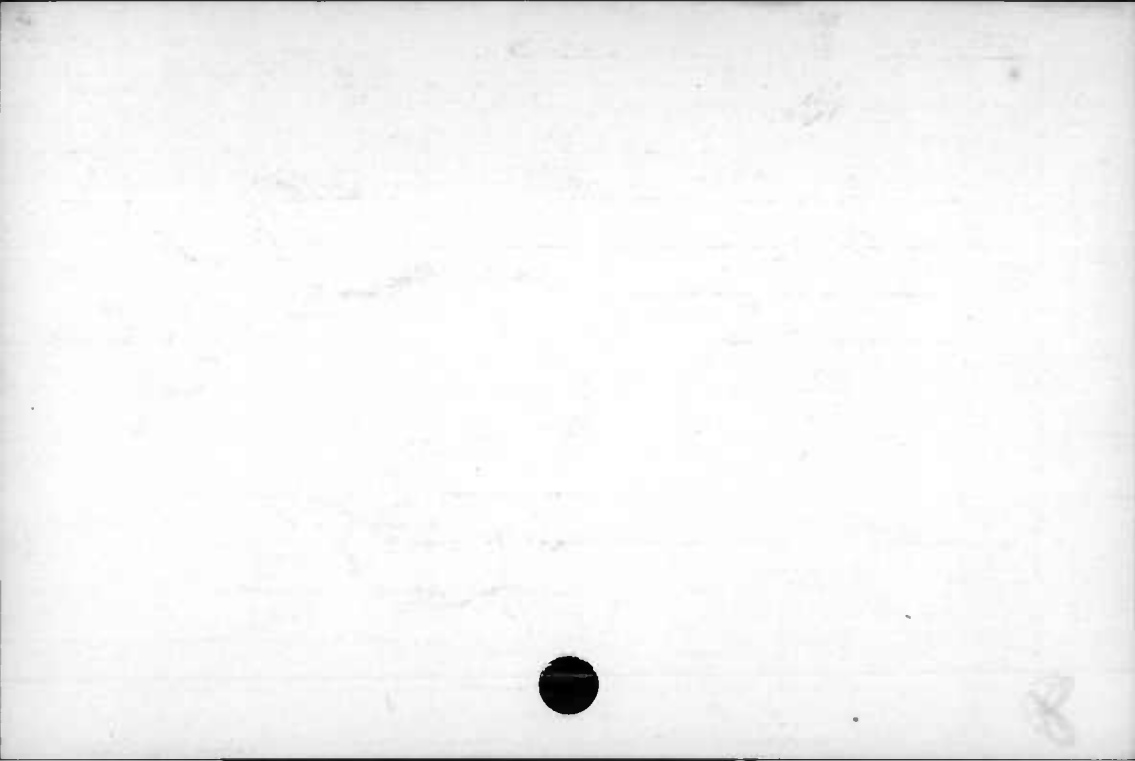
Address

Cambridge, Md,

Accident or Suicide?



Name in Full		Julia Nicols				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
		Died at		Carmersville		Burchester	
		Date of death		1907 Jan 29		Age 80	
		Sex Female		Color or Race Negro		Birth-place	
		Occupation Housewife		Where Residing if not at place of death			
		Married, Single or Widowed Widowed		Name of Wife or Husband Edw. Nicols			
		Father's Name		Not known		Father's Birthplace Unknown	
		Mother's Maiden Name		Not known		Mother's Birthplace Unknown	
		Name of person giving information		Ernest Nicols		How related to deceased Son	
		CAUSES OF DEATH					
		Primary		Heart disease		How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician S. A. Stokes	
						Address R 40 <sup>#</sup> 5 Cambridge road	
		Accident or Suicide?					





Name In Full		Mary Lusinda Pattison				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Church Creek	County Dorchester		MARYLAND	
		Date of death		Month January	Day 16	Years 65	Months 11	Days 5
		Sex		female		Color or Race		white
		Occupation		house wife		Birth-place		Church Creek
		Where Residing if not at place of death		Church Creek				
		Married, Single or Widowed		married		Name of Wife or Husband		Wheatly B. Patton
		Father's Name		Math. Richardson		Father's Birthplace		Dorchester Co
		Mother's Maiden Name		Elizabeth Richardson		Mother's Birthplace		Dorchester Co
Name of person giving information		Hester Richardson		How related to deceased		sister		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Hemiplegia		How long		4 months
		Immediate		Embolism in brain		How long		Two hours
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Victor L. Carroll
				Address		Cambridge, Md.		
Accident or Suicide?								



Name  
in  
Full

Carrie Pinder

## CERTIFICATE OF DEATH

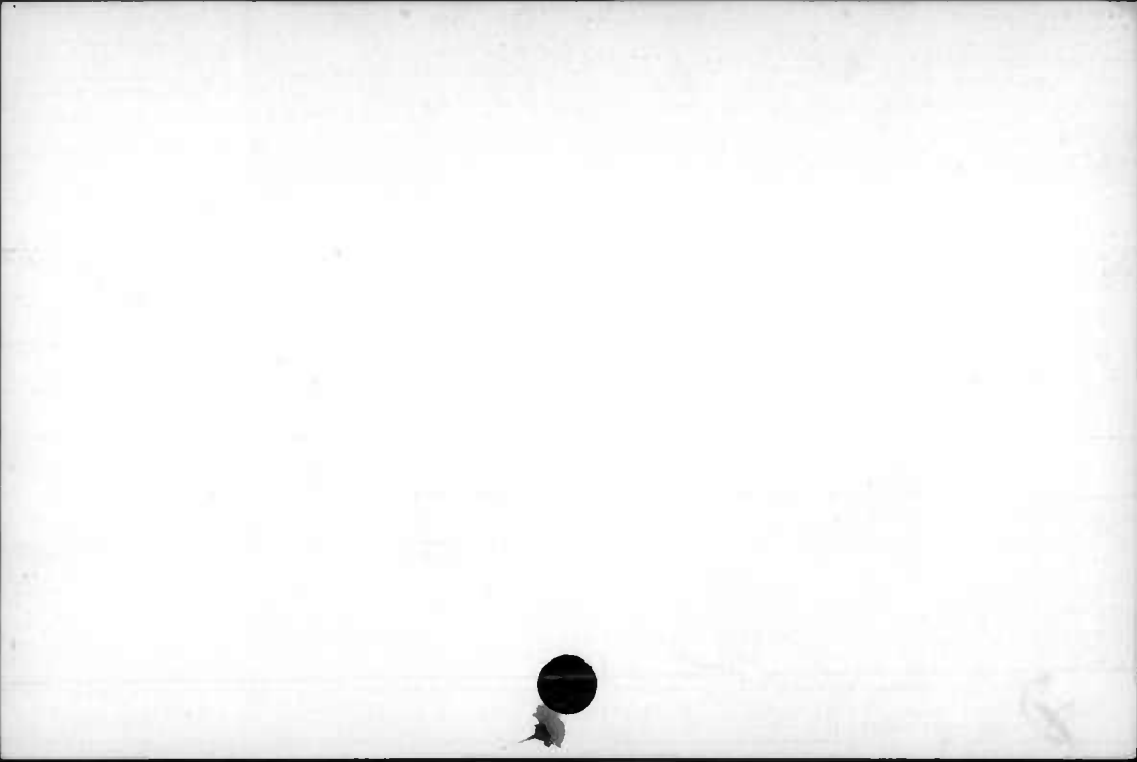
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cardtown</u> <sup>Town</sup>		<u>Dorchester Co</u> <sup>County</sup>		<u>MD</u> <sup>MARYLAND</sup>	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>29</u>	Age <u>6</u> <sup>Years</sup>	Months <u>2</u>	Days <u>nd</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Cardtown</u>			
Occupation <u>Child</u>		Where Residing if not at place of death <u>Cardtown</u>			
<u>Married</u> , Single or <u>Widowed</u>		Name of Wife or Husband			
Father's Name <u>Steven Pinder</u>			Father's Birthplace <u>Dorchester Co</u>		
Mother's Maiden Name <u>Sophie Hackell</u>			Mother's Birthplace <u>Dorchester Co</u>		
Name of person giving information <u>Jenny Pinder</u>			How related to deceased <u>Uncle</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Dysentery</u>	How long <u>9 days</u>
Immediate <u>Heart Failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Wolff</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide? <u>8</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Katharine Elizabeth Pusey

Town

County

MARYLAND

Died at Fishing Creek

Date

1907

Month

Jan

Day

18th

Age

Years

42

Months

3

Days

16

Sex

Female

Color or  
Race

White

Birth-  
place

Carolina Co.

Occupation

Housewife

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Sidney C. Pusey

Father's  
Name

Archibald Evans

Father's  
Birthplace

Do not know

Mother's  
Maiden Name

Mary Elizabeth Evans

Mother's  
Birthplace

Carolina Co

Name of person giving  
In formation

Sidney C. Pusey

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Hemiplegia

How long

summary

Immediate

Chronic Passive Angerstein

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes (as

Signature of  
Physician

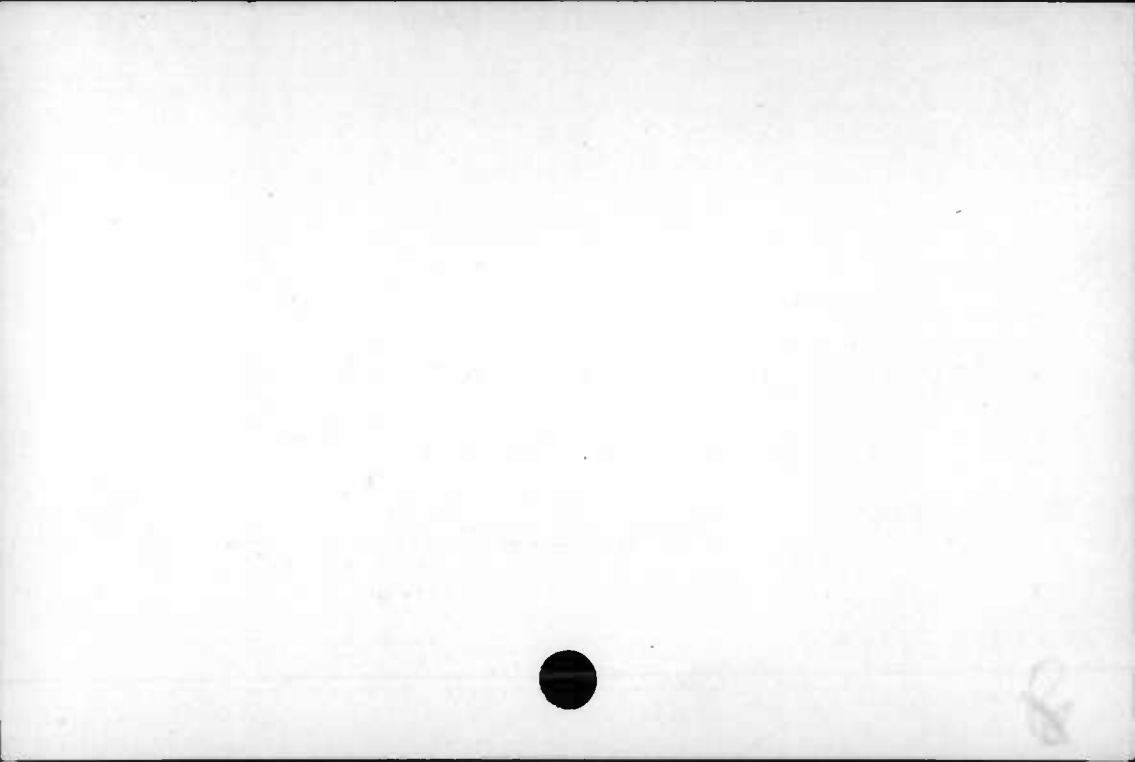
W. H. Bruster M.D.

Address

as far as can be ascertained

Fishing Creek Md

Accident or Suicide



Name  
in  
Full

William W. Reid

## CERTIFICATE OF DEATH

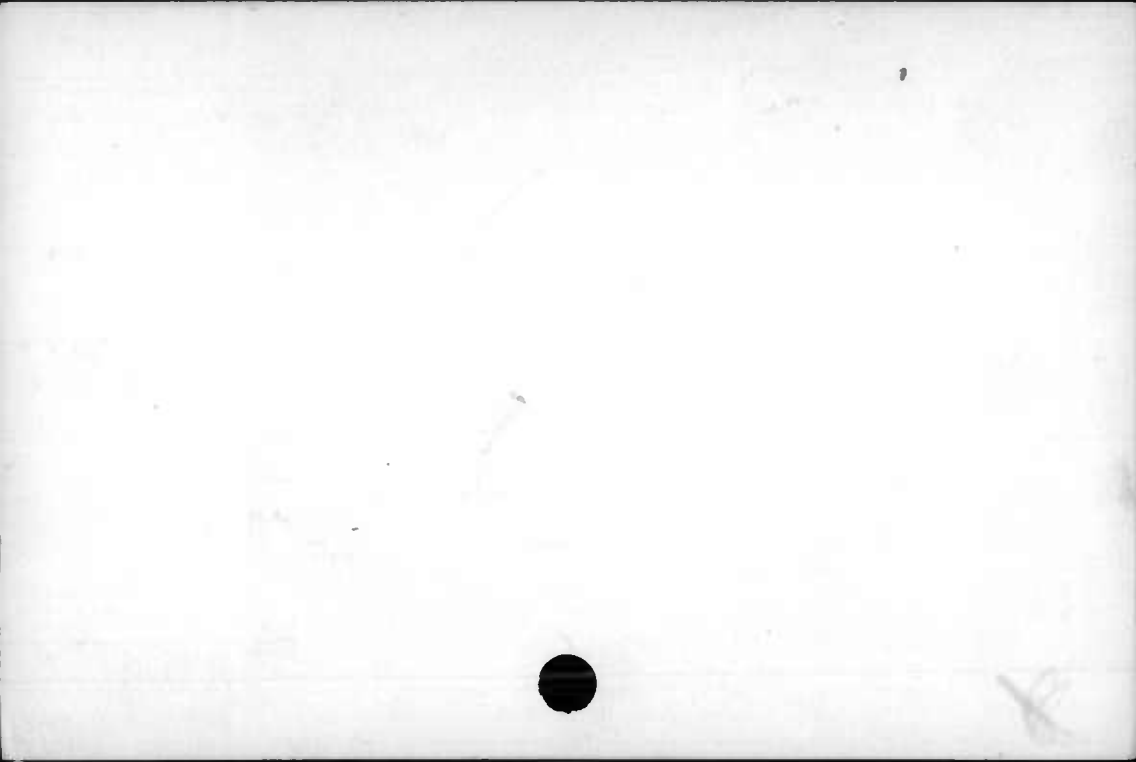
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East. New Market</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>8</i>	Age <i>57</i>	Months <i>11</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary C Reid</i>				
Father's Name <i>W. A Reid</i>	Father's Birthplace <i>Dorchester</i>				
Mother's Maiden Name <i>Maria Mathews</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mary Reid</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Locomotor Ataxia - Paralysis</i>	How long <i>8 months -</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge Ind.</i>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cornessville</i> <sup>Town</sup>		<i>Rowley</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>15</i>	Age <i>0</i>	Months <i>5</i> Days <i>—</i>
Sex <i>Girl</i>	Color or Race <i>Negro</i>		Birth-place <i>Cornessville</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Parker Rowley</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Sarah Cornish</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>P. Rowley</i>		How related to deceased <i>Father</i>			

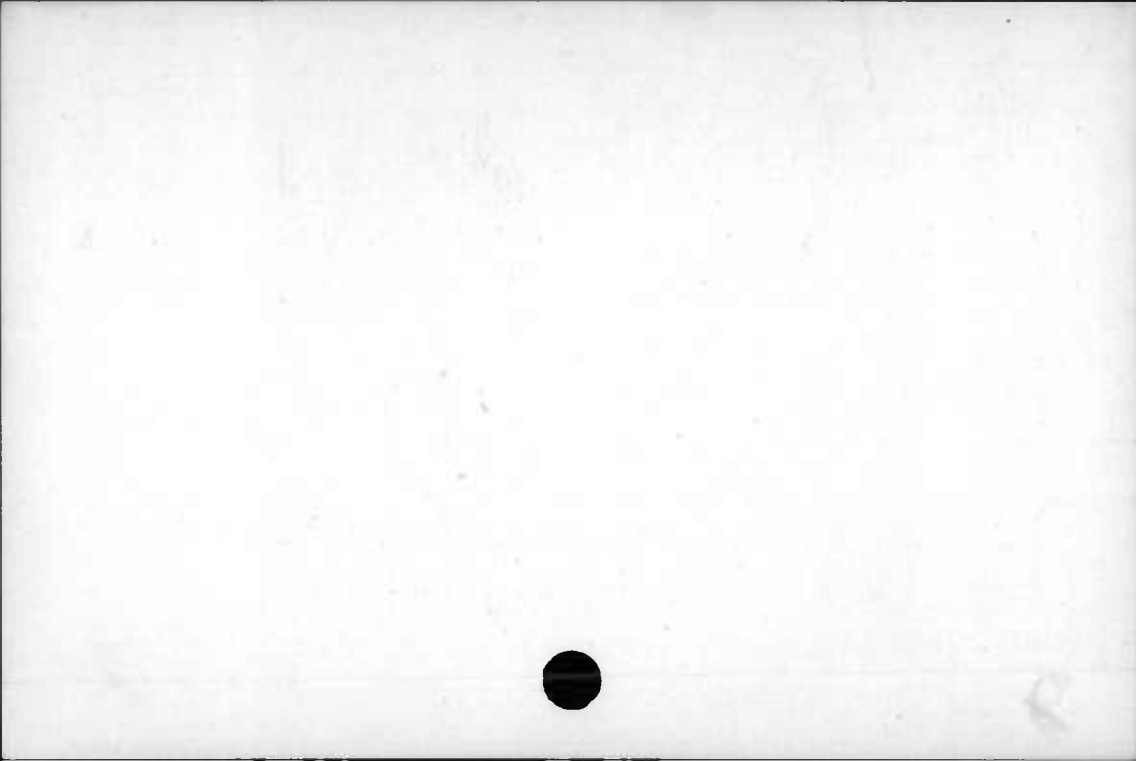
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>6 weeks</i>
Immediate <i>W. Hooping cough</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Stokes</i>
	Address <i>R.F.D. #5 Cambridge</i>
Accident or Suicide? <i>—</i>	



Name In Full		Sallie Lander				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Woolfords <sup>Town</sup>		Mehret <sup>County</sup>		MARYLAND		
	Date of death	1907	Month 1	Day 15	Age 66	Years 10	Days -	
	Sex	female		Color or Race	white		Birth-place	ind.
	Occupation	housewife			Where Residing if not at place of death			—
	Married, Single or Widowed	widow		Name of Wife or Husband		not known		
	Father's Name	not known			Father's Birthplace	not known		
	Mother's Maiden Name	not known			Mother's Birthplace	not known		
	Name of person giving information	—			How related to deceased	—		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(A-20)</div>								
PHYSICIAN OR CORONER	Primary	Bright disease & abdominal tumor				How long	6 months	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	B. L. Smith M.D.			
				Address	Morden ind.			
Accident or Suicide?								



Name  
in  
Full

Melissa Shenton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Horns Pt - Cambridge</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>19<sup>th</sup></i>	Age <i>21</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>					
Occupation <i>Housework</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of <del>Wife or</del> Husband <i>Maurice Shenton</i>						
Father's Name <i>Naoy W. Cannon</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>Maurice Shenton</i>	How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

Primary <i>Pneumonia - (Secondary)</i>	How long <i>3 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>-</i>

Are the name, age, sex, color, date and place correctly given above?

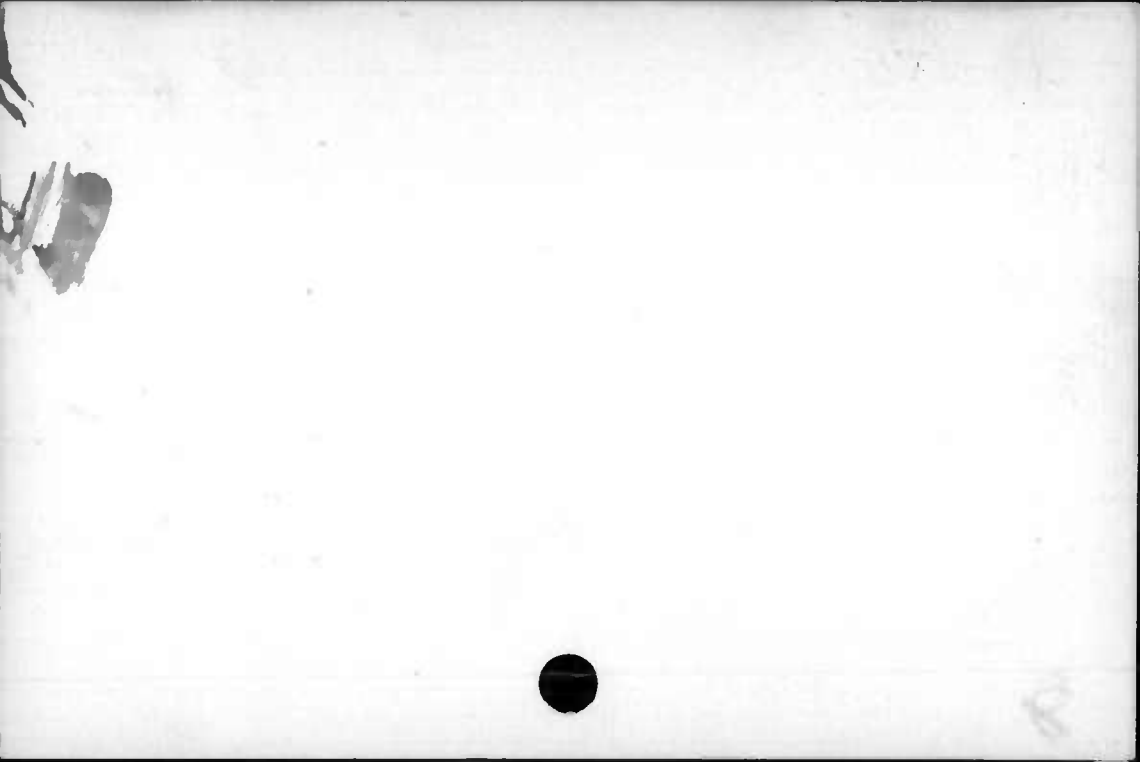
*yes*

Signature of Physician

Address

*E. E. Wolff*  
*Cambridge, Md.*

Accident or Suicide?



### CERTIFICATE OF DEATH

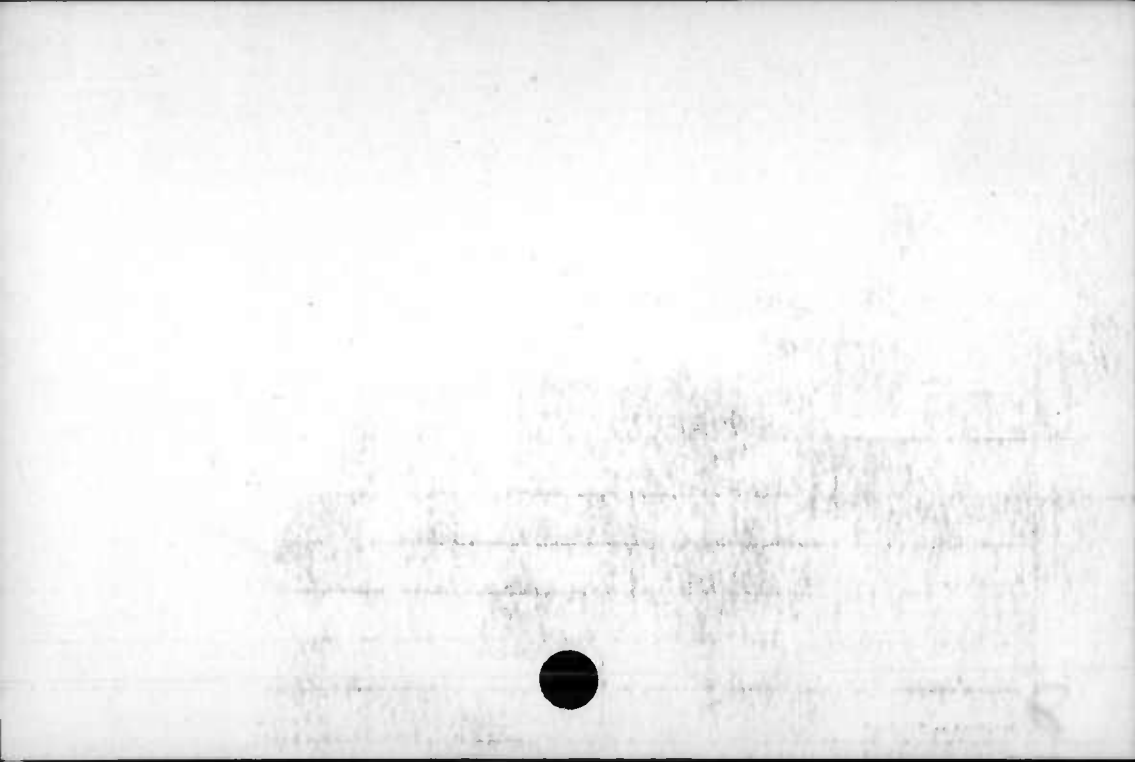
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		January	27 <sup>th</sup>	Age 13	0	17	
Sex		Color or Race		Birth-place			
Female		White		Dorchester Co.			
Occupation				Where Residing if not at place of death			
School girl				—			
Married, Single or Widowed		Name of Wife or Husband					
Single		—					
Father's Name				Father's Birthplace			
Major J. Simmons				Dorchester Co.			
Mother's Maiden Name				Mother's Birthplace			
W. Rebecca Ruark				Dorchester Co.			
Name of person giving information				How related to deceased			
Major J. Simmons				Father			

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Measles Broncho Pneumonia</i>	How long <i>3 weeks.</i>
Immediate	<i>Heart failure</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. W. Atkinson M.D.</i>
		Address <i>Fishing Creek Ind.</i>





Name

in  
Full

## CERTIFICATE OF DEATH

Alexander Strawberry Stanley

Town

County

MARYLAND

Died at

Salem

Dorchester

Date

Month

Day

Years

Months

Days

of death

1907 January

6

Age

14

Sex

Male

Color or  
Race

Black

Birth-  
place

Salem Md

Occupation

Laborer

Where Residing if not  
at place of death

Salem

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

\_\_\_\_\_

Father's  
Name

James Stanley

Father's  
Birthplace

Dor. Co.

Mother's  
Maiden Name

Clara Strawberry

Mother's  
Birthplace

Dor. Co.

Name of person giving  
Information

R. H. Armstrong

How related  
to deceased

Uncle

## CAUSES OF DEATH

Primary

Consumption

How long

27 months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

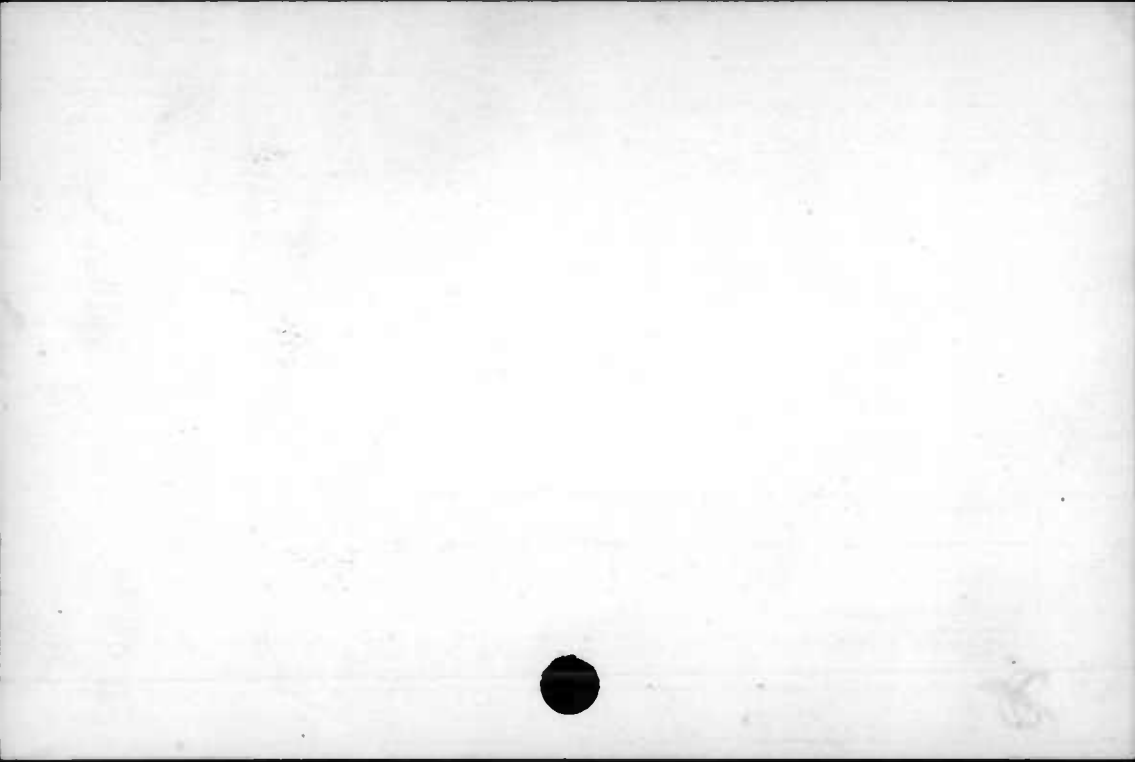
Address

Anthony M. Vincent  
Resident  
Lewistown Md

Accident or Suicide?

X

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Virginia Stanley

## CERTIFICATE OF DEATH

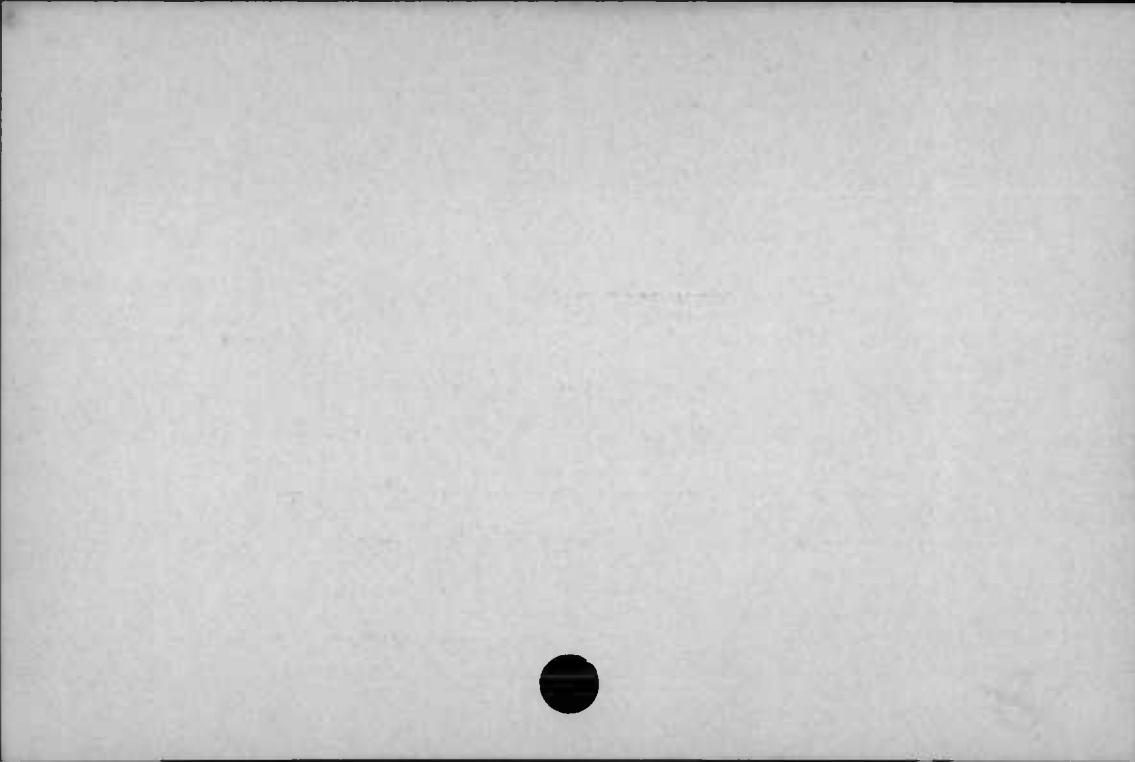
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Carnersville		County Bochlen		MARYLAND	
Date of death	1907	Month Jan	Day 2	Age 18	Years	Months 9	Days
Sex	Female		Color or Race	Negro		Birth- place	Cambridge Md
Occupation	Housework			Where Residing if not at place of death		—	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	John Stanley				Father's Birthplace	Salisbury Md	
Mother's Maiden Name	Milly Macey				Mother's Birthplace	Blackwater	
Name of person giving In formation	John Stanley				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis lungs.		How long	<del>27</del>
Immediate	Tubercular peritonitis		How long	2 mos
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			S. A. Stokes M.D.	
			Address	
			R 76 <sup>th</sup> Cambridge	
Accident or Suicide?				



Name  
in  
Full

Ionia V. Tall

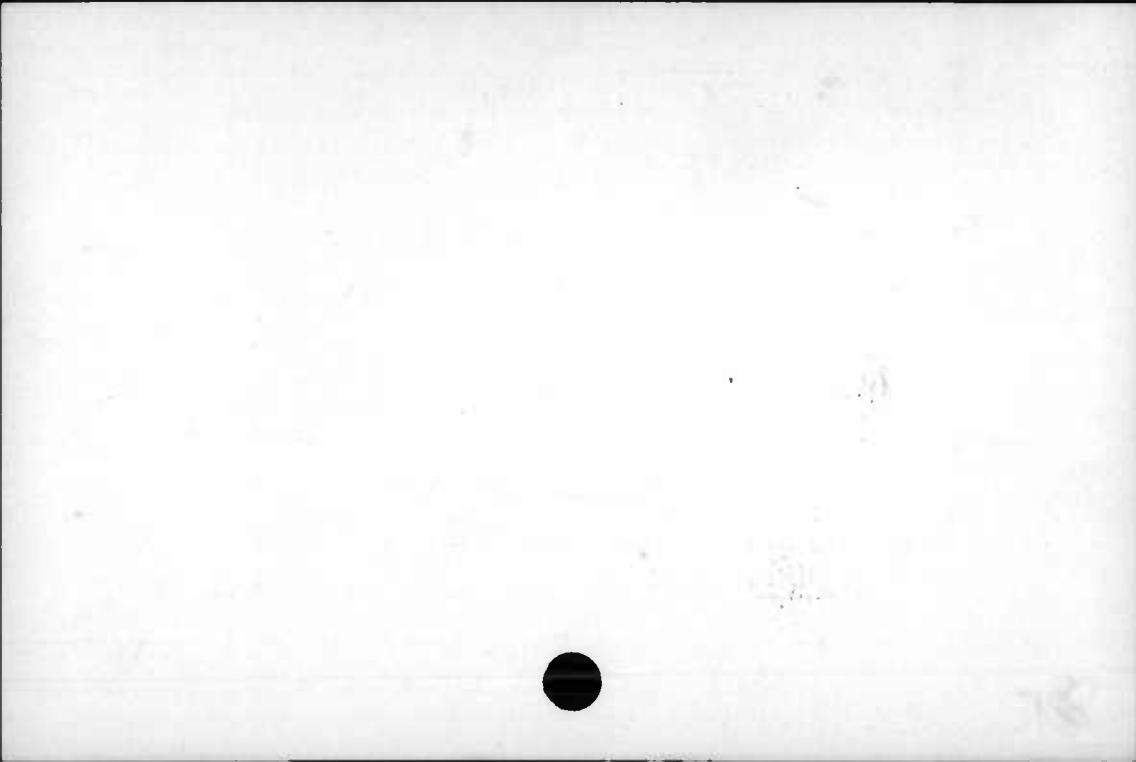
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fishing Creek</i> Town		County <i>Dorchester</i>		MARYLAND	
Date of death	<i>1907</i> Jan. Month	<i>30th</i> Day	Age <i>28</i> Years	Months <i>10</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John W. Tall</i>				
Father's Name <i>Wm. H. Simmons</i>	Father's Birthplace <i>Dorchester Co</i>				
Mother's Maiden Name <i>Rebecca C. Lewis</i>	Mother's Birthplace <i>Dorchester</i>				
Name of person giving information <i>John W. Tall</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

Primary <i>measles</i>	How long <i>1 week</i>
Immediate <i>Bronchitis Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Arnetts</i> <i>Fishing Creek</i>
Accident or Suicide?	



Name  
in  
Full

Emma Traverses

## CERTIFICATE OF DEATH

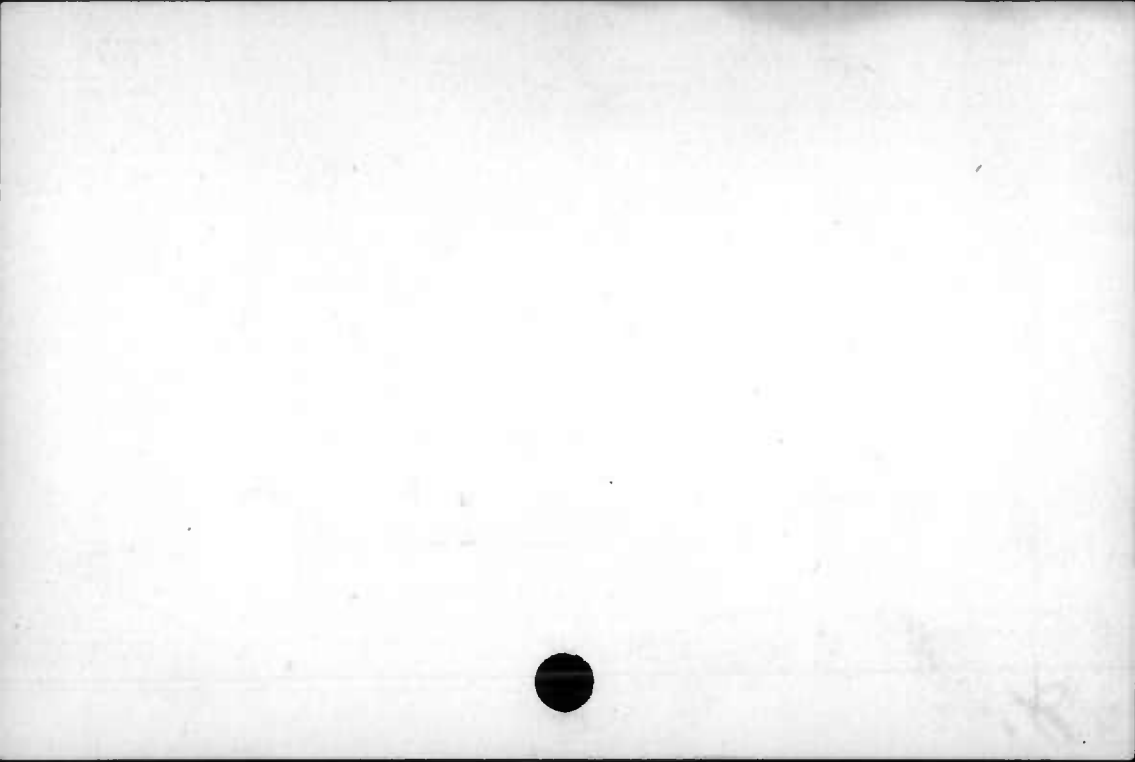
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>1st</u>	Age <u>2</u> Years	Months	Days
Sex <u>female</u>	Color or Race <u>colored</u>		Birth-place <u>Cambridge</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Thomas Luster</u>		Father's Birthplace <u>Cambridge</u>			
Mother's Maiden Name <u>Mattie Elliott</u>		Mother's Birthplace			
Name of person giving Information <u>Thomas Luster</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

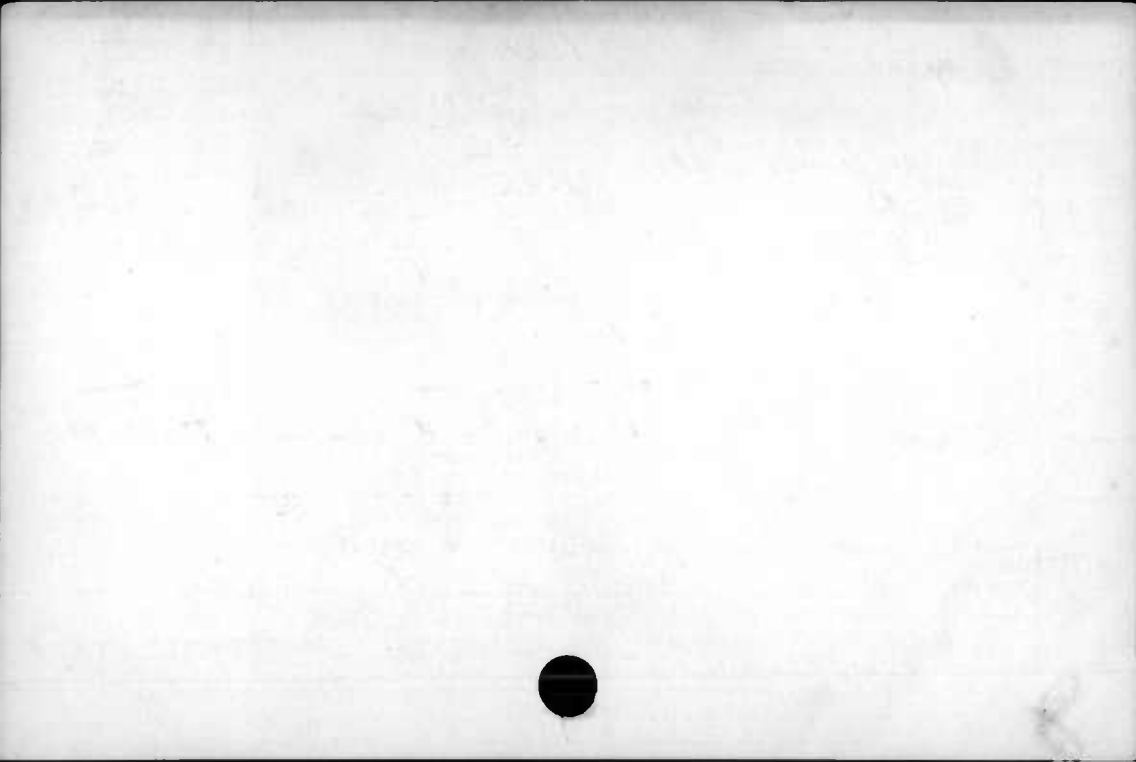
PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Throat</u>	<u>6</u>	How long <u>Some weeks</u>
Immediate <u>Pneumonia</u>		How long <u>Some days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. B. L. L. L.</u>	Address <u>Cambridge Ma</u>
Accident or Suicide?		





Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cambridge</u>				<u>Worcester</u>		MARYLAND			
		Date of death <u>1907</u>		Month <u>Jan</u>	Day <u>14</u>	Age <u>60</u>		Years		Months	Days
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>					
		Occupation <u>Housekeeper</u>				Where Residing if not at place of death <u>Cambridge</u>					
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband							
		Father's Name <u>Major Vickers</u>				Father's Birthplace <u>Ind</u>					
		Mother's Maiden Name <u>Mary Adams</u>				Mother's Birthplace <u>Ind</u>					
		Name of person giving information <u>Mary Williams</u>				How related to deceased <u>Friend</u>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <u>Chronic nephritis</u>				How long <u>Some months</u>					
		Immediate <u>Exhaustion &amp; anaemia</u>				How long <u>Some days</u>					
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>Dr. G. L. Brown</u>					
						Address <u>Cambridge, Md</u>					
		Accident or Suicide?									



Name  
in  
Full

Emerson H. Katten's

## CERTIFICATE OF DEATH

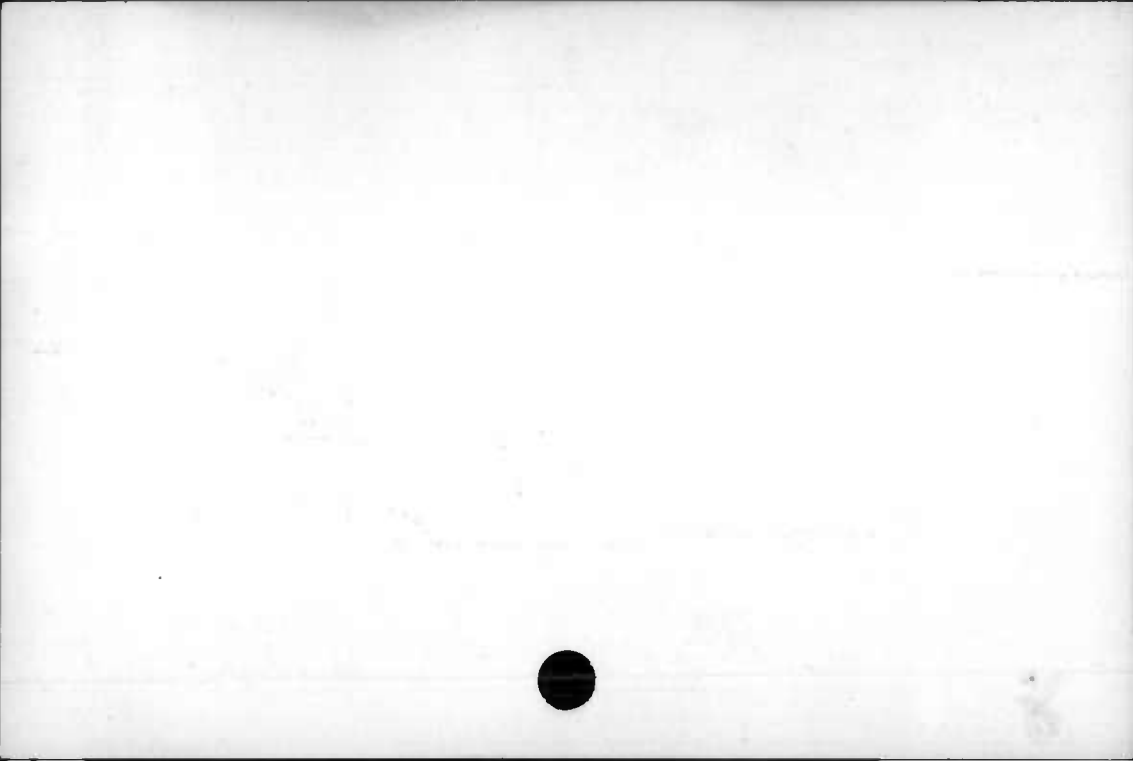
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Trinickville</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan.</i>	Day <i>14</i>	Age <i>—</i> Years	<i>3</i> Months	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Worcester Co. Md.</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>Trinickville Md.</i>		
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Mrs. Elizabeth</i>				
Father's Name <i>Harley Katten's</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mrs. Elizabeth Taylor</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Harley Katten's</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sudden death</i>	How long <i>—</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. P. Maguire M.D.</i>
	Address <i>Shirlock Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Edith Willey

## CERTIFICATE OF DEATH

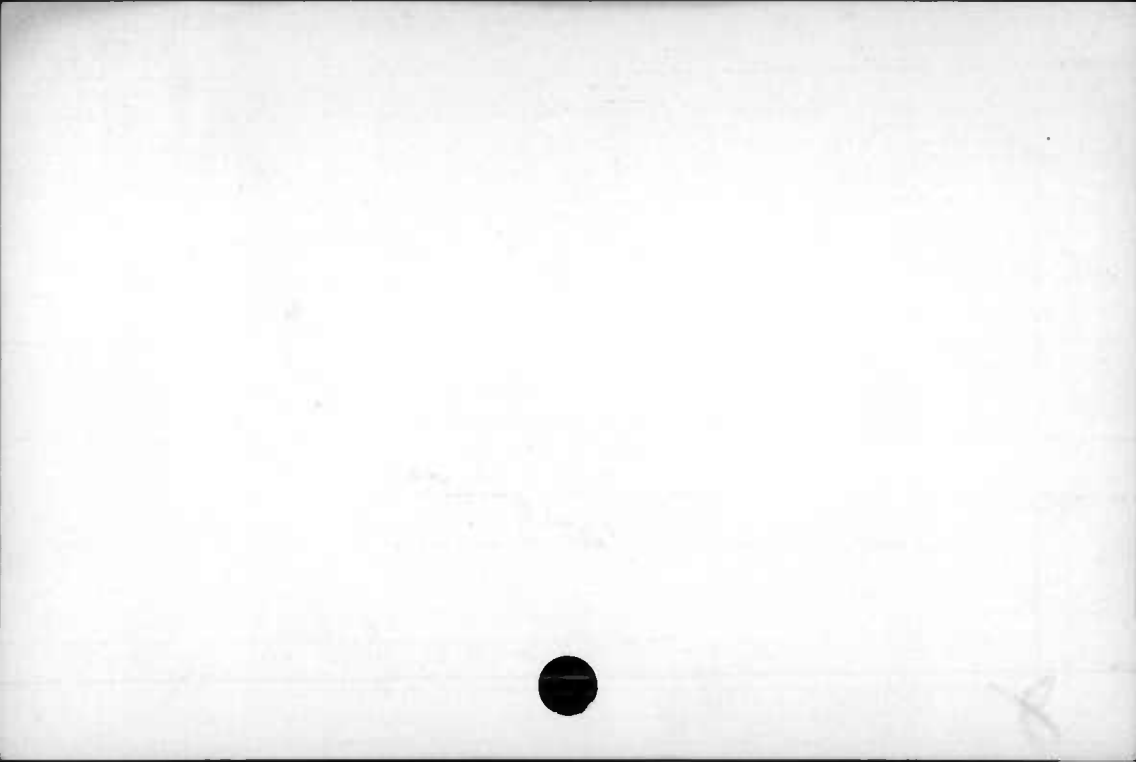
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>9</u>	Age	Years <u>1</u>	Months <u>8</u> Days
Sex <u>white female</u>	Color or Race <u>white</u>	Birth-place <u>Cambridge</u>			
Occupation			Where Residing if not at place of death <u>Cambridge</u>		
Married, Single or Widowed		Name of Wife or Husband <u>Olive M. Willey</u>			
Father's Name <u>Wilbur Willey</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Ollie M. Mc Namara</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Wilbur Willey</u>			How related to deceased <u>Father</u>		

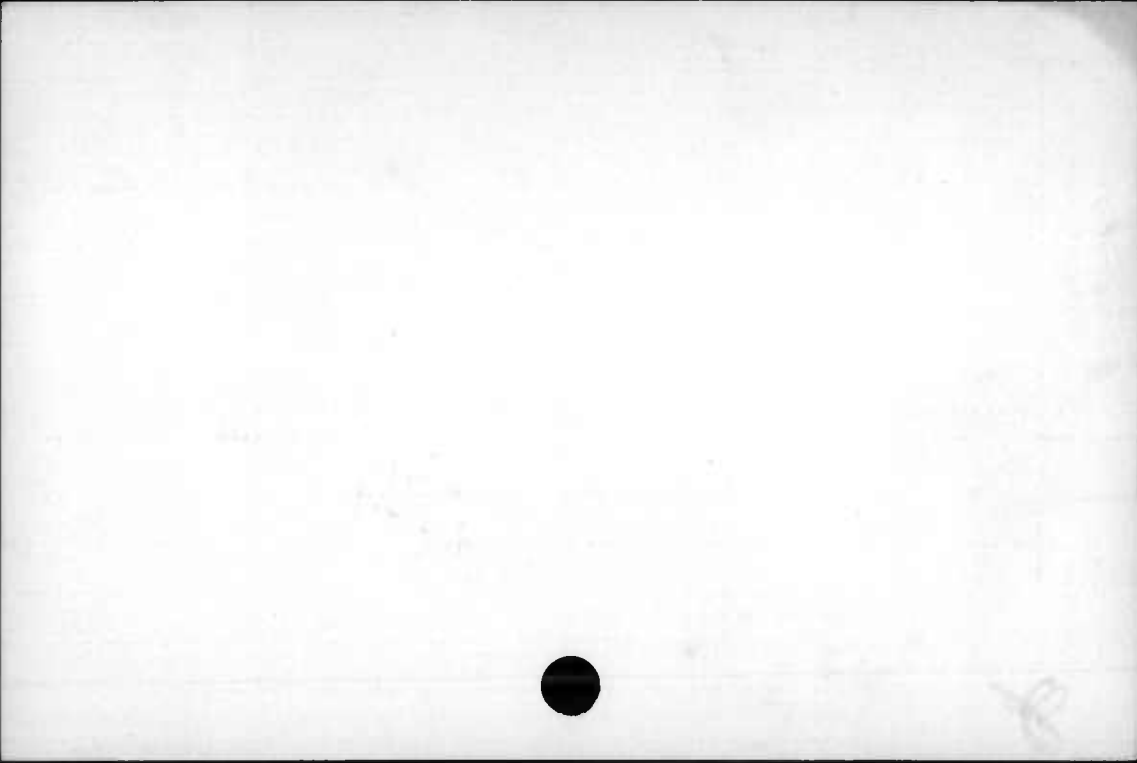
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>4 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. L. Ynners</u>
	Address <u>Cambridge Md</u>
Accident or Suicide? <u>8</u>	



Name in Full		Eliya Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cambridge		County Dorchester		MARYLAND	
	Date of death	1907	Month Jan.	Day 22	Age 64	Years —	Months —
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Servant		Where Residing if not at place of death		Cambridge Md	
	Married, Single or Widowed	Married		Name of Wife or Husband		Joseph Williams	
	Father's Name	Levin Camper				Father's Birthplace	Maryland
	Mother's Maiden Name	Sina Stewart				Mother's Birthplace	"
PHYSICIAN OR CORONER	Name of person giving information		Joseph Williams		How related to deceased		Husband
	CAUSES OF DEATH						
	Primary	Paralysis				How long	Some months
Immediate	E. Lauson				How long	Some days	
8	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. G. E. G. G. G.
					Address		Cambridge, Md
	Accident or Suicide?						





Name  
in  
Full

A. Ross Wilson

## CERTIFICATE OF DEATH

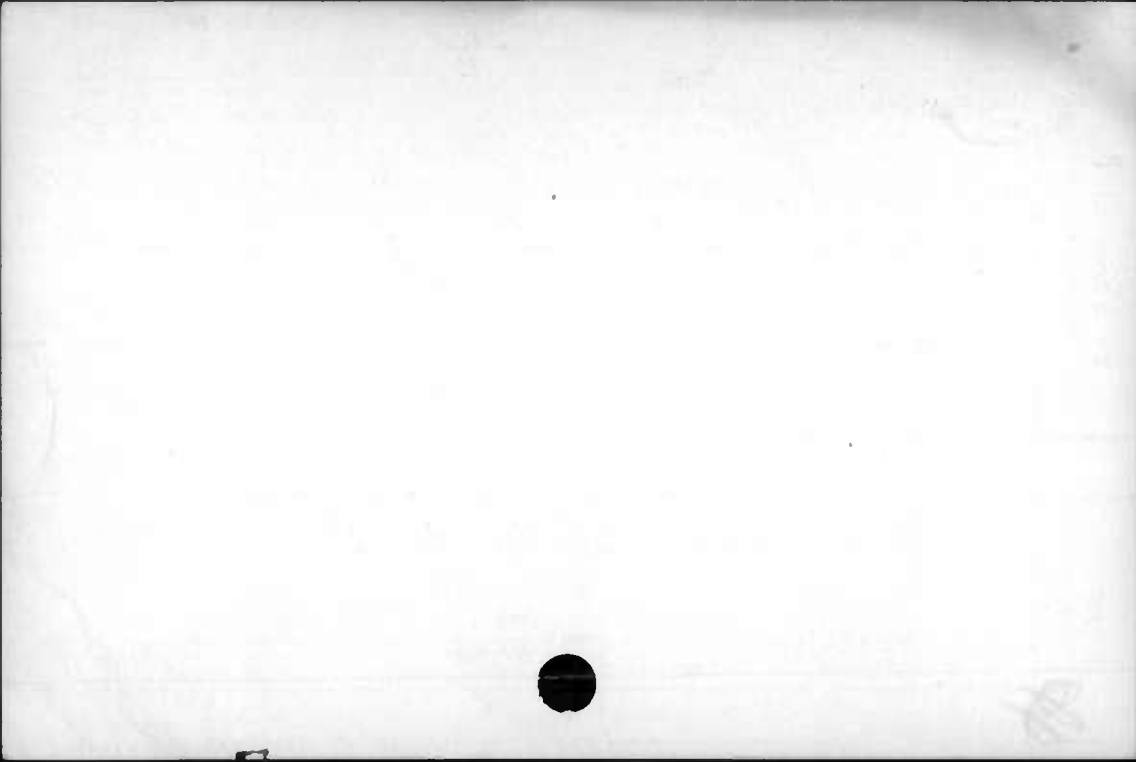
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND								
Date of death	1907	Month	1	Day	15	Age	22	Years	11	Months	24	Days
Sex	Female		Color or Race	white		Birth-place	Somerset Co. Md.					
Occupation	Housewife			Where Residing if not at place of death								
Married, Single or Widowed	Married		Name of Wife or Husband	J. Md. J. Wilson								
Father's Name	John A. Messick					Father's Birthplace	Somerset Co. Md.					
Mother's Maiden Name	Helen Tyler					Mother's Birthplace	Somerset Co. Md.					
Name of person giving information	Helen Messick					How related to deceased	Mother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Genl Tuberculosis</u>	How long	<u>4 months</u>
Immediate	<u>Gradual Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yhs	
Signature of Physician		<u>Guy Steele</u>	
Address		<u>Cambridge Md.</u>	
Accident or Suicide?		<input checked="" type="checkbox"/>	



Name in Full		Walter E. Woollen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Near Cambridge		County Dorchester		MARYLAND	
	Date of death	1907	Month Jan.	Day 19	Age 30	Months	Days
	Sex	Male		Color or Race	White		
	Birth-place	Maryland					
	Occupation	Farmer			Where Residing if not at place of death Near Cambridge		
	Married, Single or Widowed	Married		Name of Wife or Husband May Woollen			
	Father's Name	Edward Woollen				Father's Birthplace Maryland	
Mother's Maiden Name	Sarah E. Ellisbury				Mother's Birthplace "		
Name of person giving information	Wm H. Woollen				How related to deceased Brother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diabetes Mellitus				How long	Five months
	Immediate	Pleur Pneumonia				How long	10 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. M. Goldsberry		
					Address Cambridge Md		
Accident or Suicide?							

